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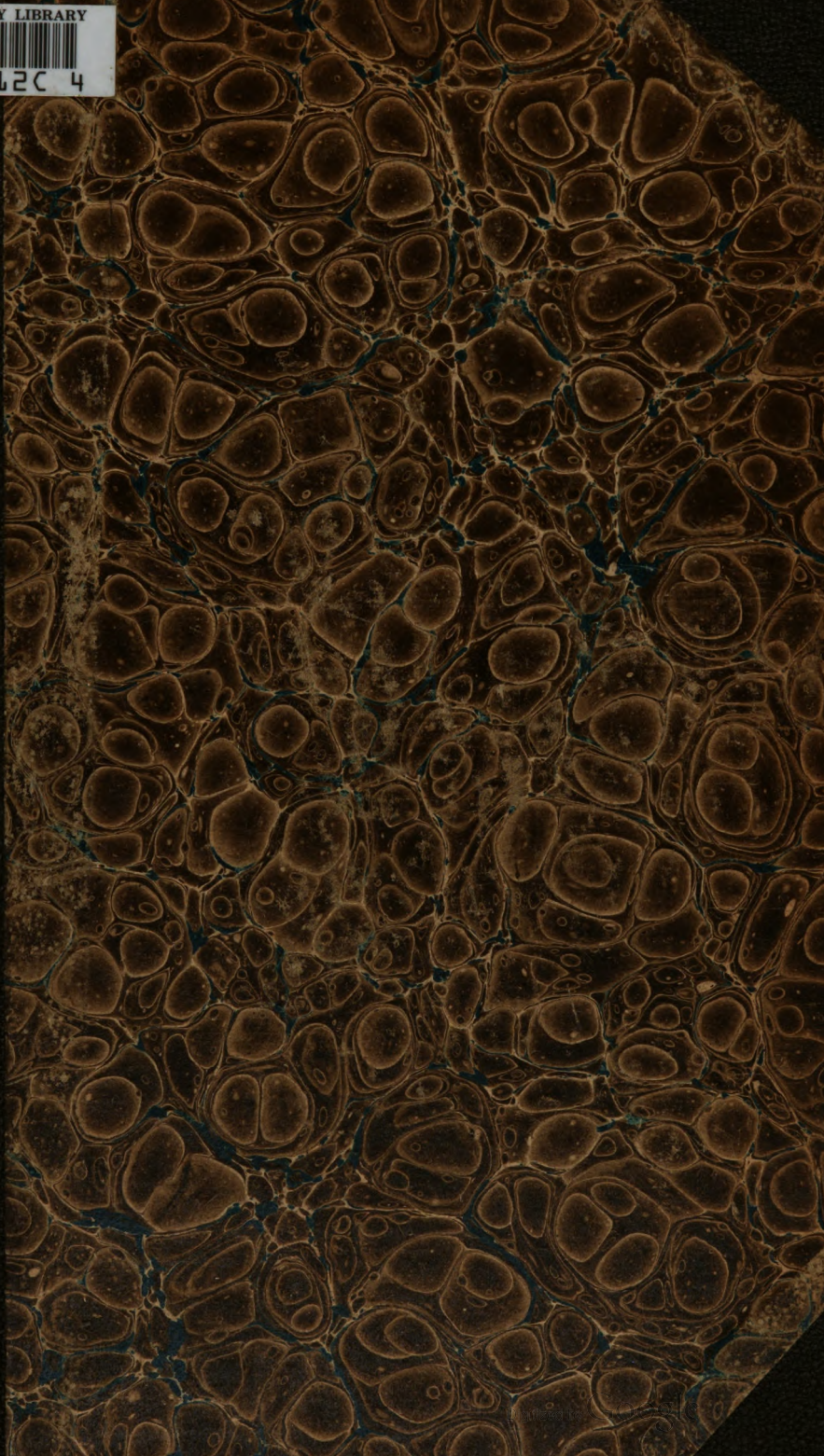
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NASHVILLE JOURNAL

OF

MEDICINE AND SURGERY

EDITED BY

C. S. BRIGGS, M. D.

VOLUME XXV.

NASHVILLE:

PRINTED AT "THE AMERICAN" BOOK AND JOB PRINTING OFFICE.
1880.

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NASHVILLE
JOURNAL OF MEDICINE AND SURGERY.

SECOND SERIES.

Vol. XXV.

NASHVILLE, TENN., JAN., 1880,

No. 1.

Original Communications.

ADDRESS DELIVERED BY R. T. HOCKER, M. D., PRESIDENT, BEFORE THE GRAVES COUNTY MEDICAL SOCIETY, JULY 8, 1879.

Gentlemen: Through the never-ceasing goodness and mercy of God we are again permitted to assemble ourselves in quarterly communication, and, in consequence of its being our annual meeting it is to us the most important meeting of the year.

In obedience to a time honored custom, as your retiring President, I shall attempt to offer a few thoughts pertinent to the occasion.

First permit me to tender to you my heartfelt thanks for the honor conferred on me by selecting me as your presiding officer. My election to this position, was, at the time entirely unexpected, but none the less gratifying. Unexpected, from the fact that quite a number of our members are many years my senior, and enjoy a more extensive professional reputation. I assure you that the honor was fully appreciated.

I have encountered the same difficulties that perhaps most of medical men do under similar circumstances. There have been so many addresses published and extensively circulated that it has become exceedingly difficult to prepare an address calculated to interest reading men.

I will direct your attention, briefly, to some of the qualifications that every medical man should possess.

A physician ought to be a man possessing at least an average amount of native talent. He should, previous to beginning his medical studies, acquire a fair literary education. The responsible position occupied by the profession is of sufficient importance for the people to have a right to expect that its members will not undertake the practice until they are well qualified. A fair native intellect, a good English education and at least three years of close application to the study of medicine are indispensable prerequisites for the acquirement of the necessary qualifications. All of our medical colleges announce in their annual circulars that the candidates for graduation must be of good moral character and the graduate receives his diploma with that understanding; but candor compels us to admit that quite a number of our profession prove recreant to the trust confided in them. It indeed seems strange that any man occupying the prominent and honorable position of a physician should ever thus forget the duty he owes to both himself and the profession.

The use of ardent spirits as a beverage is exceedingly reprehensible. It is useless for me to dwell upon the ruinous effects of ardent spirits upon the human family—physically, mentally and morally. Every thinking man or woman admits it, and none understands its pernicious influence so well as the Doctors. Has a physician the right to get intoxicated? He has formally tendered his professional services to the community in which he resides, and they have a right to expect his services under almost any circumstances. How important then that he should be able to respond to their calls, and with his intellect unclouded by the use of alcoholic beverages. The use of profane language is another

vice that I would in all kindness advise you against. In short, a physician should be a man of unsullied moral character. I am fully convinced that the profession of our county will favorably compare with that of any other county in the State, in point of morals. A physician should always be punctual in attending his professional calls. You all know the great importance of seeing your patients as early in their attacks as possible, in order that the indications may be met promptly. A little unnecessary delay may cause the death of your patients. A physician should be mild but firm, patient and courteous while in the sick room and it will be exceedingly fortunate for him if he has added to his other qualifications the Christian religion, to cheer him in the discharge of his responsible and laborious duties.

I regret that our treatment of each other is not marked by that degree of courtesy and candor that ought to characterize the profession. We ought to encourage consultations whenever there is any probability of good being accomplished. During my practice of nearly eleven years I have held many consultations, and in nearly every instance I have learned something of intrinsic value.

The practice of speaking disparagingly of our professional brethren is greatly to be regretted. We ought rather to comment on their redeeming traits, and deal charitably with their faults. We ought to visit each other socially and by every available means to cultivate fraternal feelings. We ought to "love God with our whole heart and our neighbors as ourselves," recognizing at all times "the Fatherhood of God and the Brotherhood of man."

I will now direct your attention briefly to some of the duties the people owe the profession. They should at all times treat him with the utmost courtesy, paying the most profound respect to his opinions, regarding him as their truest friend, and, next to Deity, their only dependence in time of bodily affliction. Public sentiment needs to be educated. The people should be requested not to make what they conceive to be the ignorance of our brethren their favorite subject while conversing with us. An idea prevails with the great majority of people that physicians always have

plenty of everything, and that it is a matter of no consequence whether they are punctual with them or not. We ought to inform them promptly that very few of us are independent financially; that we are not the recipients of princely incomes and that we have a right to expect prompt compensation for our services; that we consider it very unjust to us to pay all other claims first, and then, if there should be any left, pay it to their physicians; if not, dispose of his case with the remark, "O, he does not need it; he can wait."

Our delinquent patrons should be reminded that we are required to pay promptly for all of our supplies, and that we are under no greater obligations to work gratuitously than other men are.

Some physicians make a practice of rendering gratuitous service to the clergy. In my judgment this is very wrong and ought to be prohibited by our medical societies, if no other means will avail. The motive is doubtless an impure one, the object being to secure their influence. I am lead to believe that very few of the physicians of our county do business this way. It is a matter of regret with me that there is even one. "It lowers the character and status of the profession, and lessens the independence and respectability of the clergy."

I do not wish to be understood as speaking disparagingly of the clergy. No man respects them more highly than I do. They are, as a rule, the warm friends of our profession.

I am satisfied that medical societies are not appreciated as they should be by the profession. If they were, there would be a society organized in every county and in every town of any size in the United States.

The meetings of the medical men are watched with lively interest by many of our well informed citizens. They are fully apprised of the fact that our profession is a rapidly progressive one, and that we ought to improve every opportunity to increase our knowledge of the nature and treatment of diseases.

In every community we find a number of medical men who are unwilling to affiliate with our societies. Some will not unite

with us on account of some neighbor that they do not happen to be on good terms with, who but for some petty jealousy might be an efficient colleague, and they thus deprive themselves of all the benefits that might accrue to themselves by becoming members.

I am afraid that others are prevented from uniting with us by a consciousness of their deficiency in scientific attainments, having but a superficial knowledge of medicine, they have imposed themselves on a goodly number of the people, made them believe they were prodigies of learning and knowing that they could not so impress medical men they have not sought membership with us.

My honest conviction is, that a brighter day is dawning for the truly scientific medical man.

Our society was organized just two years since, starting under very favorable auspices, but owing to a train of unfortunate circumstances, it seemed for a short time that its vitality had departed, but when I see the full attendance to-day, I feel that we ought to congratulate ourselves upon our auspicious surroundings.

Our society, during its brief existence accomplished much, but a great deal remains to be done ere it shall have fully met the expectations of its friends.

In retiring from the position of President my interest in the society will continue unabated. I now feel a greater interest than ever in its prosperity.

In conclusion we are reminded almost daily of the uncertainty of human life, and may we so live that when these pleasant reunions shall have forever ceased, we may meet again in the "Land of Gilead, where the good physician dwells.

CONCEALED ANTE-PARTUM HEMORRHAGE.

BY W. A. ATCHISON, M. D., NASHVILLE, TENN.

Mrs. R., aged 28, of fine physique and constitutional vigor, the mother of two healthy children, and subject of two subsequent abortions, became pregnant for the fifth time, about the 10th of December last. This pregnancy progressed without any untoward symptoms until the fourth month, when she suffered a hemorrhage of sufficient severity to demand treatment. This attack was a threatened abortion, being attended with uterine pain.

At the end of the sixth month, there was a recurrence of hemorrhage without pain. From this time forward, until about the end of the eighth month, painless hemorrhages were of such frequent occurrence as to arouse apprehensions of placenta previa. As early as the end of the seventh month, an examination was instituted with the view of determining the question, but owing to the unusually high position of the cervix, no positive conclusion was reached. The solution of the question was subsequently more than once sought for, but owing to the above cause was sought in vain.

After the expiration of the eighth month no hemorrhage occurred, and I had no occasion to see my patient until the night of September 8, when I was hurriedly summoned. [Mrs. R. while quietly moving across the room, was suddenly seized with a deathly nausea and profound prostration. Her cheeks and lips became blanched, and her body covered with a profuse clammy perspiration. It was in this condition I found her, respiration slow and sighing, and heart-beat scarcely perceptible.

I at once suspecting a profuse hemorrhage, suitable stimulants

were ordered, and an examination for the amount of blood-loss was made. To my great surprise there was no external evidence of waste. Passing my finger into the vagina, I was equally as much surprised to find no evidence of pelvic hæmatocele. The uterine globe was now for the first time within reach. To the touch it presented more of the sensation of a firm uterine fibroid, or a womb in the throes of labor, than of that organ in repose. To the hand laid upon the abdomen, the same sensation was imparted. To the lady herself, the womb felt as though it would burst, although there was no evidence of normal uterine contractions. After some hours of anxious watching, my patient was sufficiently recovered from the collapse for me to leave her. She rested well through the succeeding thirty-six hours, at which time, labor pains came on, and in a short time, and after an unusually easy labor for her, she was delivered of a fully developed, but dead child.

The uterus contracted firmly, but failed to expel the secundines. After trial of the usual expedients to accomplish the purpose, the placenta was detached and removed by the hand. The cause of the preceding alarming symptoms now became apparent, in the large masses of firmly coagulated blood (amounting to something near two pints) attached to and following the delivery of the afterbirth. Upon inspecting the organ closely, it was found to be much firmer and more unyielding than usual, and the coagula so closely adherent to it, as to be with difficulty detached without tearing its structure. A narrow rim around the circumference of the placenta seems to have been the only portion not detached by the hemorrhage, and in the cavity, was held enough blood to produce the shock and collapse which so greatly endangered, for a time, the life of my patient. The novelty of the case seems to warrant its publication.

TRIPLETS.

BY S. W. FREY, M. D., COOPERTOWN, TENN.

Mrs. H., white, aged 25 years, of lymphatic temperament, rheumatic diathesis, mother of two living children. She menstruated last on the 1st of August; and on March 19, 1879, just 225 days thereafter I was called in to find her in labor, she having been threatened for some two or three weeks with a premature delivery, but until within a few hours of my arrival her pains had not assumed a rythmical character. Upon examination I found the os dilated to the size of a dollar, cervix obliterated, one foot of a child protruding through the os and occupying the cavity of the pelvis, and a knee presenting at the os, which was brought down. Suspecting a plural pregnancy, I made further explorations which readily revealed a head presenting at the brim, as if to occupy the first position. The first stage of labor being as yet incomplete, I offered my patient a few consolatory remarks, assuring her that everything was as it should be, and engaged myself in the preparation of ligatures, and arranging other preliminaries, awaiting further developments of the case, which progressed quite normally, and in due time I found the os and soft parts generally, well dilated, a set of membranes containing my footling present, protruding and well distended. The vertex presentation having advanced but slightly, if at all, I decided to rupture the membranes and deliver my footling at once, which was done without difficulty in the fourth breech position, dorso-post. I ligated and severed the cord as soon as circumstances would allow, and placed the child, a girl weighing $4\frac{1}{2}$ pounds, in

the care of the nurse, and turned my attention to my patient, who by this time, was having another severe pain, which was propelling a head vigorously in the first cranial position; this second set of membranes was also ruptured, discharging a quantity of liquor amnii, along with which came a second child without difficulty, and as this one lay before me fully expelled, the same pain which caused its expulsion, seemed just now reaching its acme. Observing this, and without further attention to the child before me, a boy weighing 3 pounds, I turned again to the mother, a third time to examine uterine affairs, in time only to receive a third child, a boy weighing 3 pounds, which was being delivered by the second cranial position. Thus was the trio delivered in the space of 12 minutes; the entire natural labor lasting about 8 hours. A girl and two boys, the former, which was the footling, the heaviest and best nourished of the three, was delivered from a cord which emanated from a single simple natural placenta, enveloped by its own simple, single set of membranes. The boys were each from separate, perfect umbilical cords, which arose from separate points, upon one common placenta, each arising from its own, apparently distinct, separate set of intra-placental vascular radicles, and the whole was enveloped in a single set of membranes which was common to both. The placentæ seemed to have no connection with each other so far as concerned their physiological anatomy. A portion of their edges were, however, coalescent as if by simple adhesion. There was a distinct line of separation between the two, upon both the foetal and maternal surfaces. They were delivered in their entirety without any difficulty. In due time, the uterus contracted firmly, as was evinced by palpitation, and the vigorous, severe afterpains which ensued. A full anodyne was administered, and general directions given as to future management of mother and children, whom I left in a few hours, doing well.

Upon my return, in thirty hours after her confinement, I found that for twenty hours she had suffered intensely with afterpains which came very near precipitating her into convulsion, strong

symptoms of which, were becoming manifestly apparent. But by the free use of the bromides of potassium and ammonia, and the hydrate of chloral. I succeeded quite promptly in quelling the impending storm.

Forty hours after delivery, there was a total suppression of lochia. A high graded fever immediately supervened, and for six days the thermometer registered from 102 to 105.4-5° F. in the axilla, and from 103.1-5 to 106.4-5° in the vagina, with a pulse of 100 to 140 per minute. Re-establishment of the lochia was induced by turpentine stupes to abdomen, warm vaginal douches, and internal administration of spirits of turpentine in 3ss. doses every six hours. These measures were kept up sufficient to maintain the discharge which seemed prone to recede. As antiseptic and antipyretic treatment recourse was had to, pure salicine, chlorate of potash and sul. cinchonidia in large doses, repeated every 4 to 6 hours, gave also mercurials, anodynes, diuretics, etc., sufficient to maintain, quiet, and to establish and maintain healthy secretions and excretions. I used also as an antiseptic and disinfectant, a dilute sol. of carbolic acid, by intra-uterine, and vaginal injection. At the end of six days the septicemia, and consequent hyperpyrexia had given way to the above treatment, not, however, without leaving my patient very much debilitated. From this time on, for a few days I continued the above treatment, though in diminished quantities, giving carb. ammonia to stimulate a very much enfeebled heart's action. And on the evening of April 3d, the twelfth day of confinement, I found my patient, with a pulse of 88, and a temperature of 95.1-5. I now placed my patient upon nutriment, tonics, stimulants, etc., and dismissed her. But before leaving her, I will here state, that there was at this time a complete atrophy of both mammary glands, which had began some two weeks, before her confinement, without any pain, or a single unpleasant symptom. For this I could not assign a reason. The children, all of which seemed to be doing well for the first three days, died between the 4th and 9th days of their age, as I have

thought, principally, from improper nursery management, perhaps inanition, notwithstanding my earnest effort to get them nourished. Though they were premature, and light in weight, yet to all external appearances, they were physically, perfect in development.

The foregoing case, dear JOURNAL, presents to our consideration some interesting points upon the subject of ovology, our knowledge of which is yet imperfect. And there naturally arises some questions in our mind as to the *modus operandi* of nature in this triple conception. Did she employ three ova, or were only two engaged? Did both ovaries participate, or only one? Did three graafian vesicles, each mature an ovum, which escaped into uterus and was fertilized simultaneously? Or did two graafian vesicles furnish three ova, each containing its yelk, germinal vesicle of Purkinje, and spot of Wagner? Or did two graafian vesicles mature each an ovum, one of which, was doubled-yelked, thus giving three yelks, each yelk possessed of its own germinal vesicle and spot, which, by congenial union, with spermatozoa, are to be developed new beings? These are some of the interesting questions, upon which modern physiologists are shedding some faint rays of light. There is, however, much yet to learn. And we to-day indulge a fond hope, that ovoligists will push their scientific researches so far into this mystive science, as to be able to demonstrate, beyond cavil, the great and fundamental principles of animal reproduction. Now, in order to the successful study of human reproduction or generation, it is all important to have perfect knowledge of the female organs of generation, the formation of the female element, the ovum, the discharge of the ovum, and the phenomena which attend this process. Also, it is important to understand the development and discharge of the male elements, the spermatozoids. The union of these two elements of generation, fecundation, etc. Many of these points have been obtained in the recent past. And with the rapid strides which modern science is now making, we may reasonably expect that ere long many of the now hidden

truths concerning our origin and primal existence will be brought to light. Triple pregnancies occur only about once in every five thousand. This makes a case then a little rare. Although in this country (Robertson) and within ten miles of the above case, Dr. G. W. Menees, of Springfield, attended a lady, who gave birth to triplets about eighteen months ago, two girls and a boy, all of whom are living, thrifty children. According to recent authority, it was long doubted whether two embryos which were being simultaneously developed, belonged to the same or to different ova, and whether in the last case these ova originated in the same ovary. But, says Mr. *Leishman*, in his excellent system of midwifery: "Modern research has with reference to these points, established the following propositions: 1st. That two yolks are occasionally found in a single ovum, and that the germs in them are probably simultaneously fertilized. 2d. That two ova may exist in a single graafian vesicle. 3rd. That two ova may be found in two graafian vesicles in the same ovary, or in each ovary, the latter of which is proved by the simultaneous occurrence of pregnancy in the cavity of a double uterus. Also, by the existence of two corpora-luta in the same stage of development." If these things be true, what are the possibilities, yea, even the high probabilities, with reference to the above case? They are these, that the two male children were developed from a single, double-yelked ovum, each yelk possessing its own inherent female element of reproduction, needing only a genial contact with the male element to fertilize and fecundate it. For it is apparent, that whatever may suffice to fecundate one germ, could not fail to act similarly upon another. When the germs are in so close proximity to each other, as is necessarily the case in double-yelked ova. It is a fact, says *Leishman*, "that two embryos occasionally exist in a common amniotic cavity." A fact which seems hard for him to explain, upon any other ground, than that there existed an amniotic partition originally, and that this partition had been absorbed in the subsequent course of development. Prof. Flint, in his thorough text-book upon Human

Physiology, remarks that, "In cases of twins, it is interesting to determine whether the development always takes place from two ova, or whether a single ovum may be developed into two beings." And yet this same high authority, almost in the next sentence, gives us a rule whereby we may probably determine this vexed question, he says, "If there be but a single chorion and amnion, and a single placenta, it has been thought that the two beings are developed from a single ovum; otherwise it would be necessary to assume that there were two sets of membranes originally, which had become fused into one." Now it seems that these high authorities (with few exceptions) are not inclined to accept this fusion, or absorption theory. Though *Leishman* says, "that in the present state of our knowledge, the subject of ovology, we are at a loss to account for the presence of two embryos in one amniotic sac upon any other theory." He does not, however, wish to agree with those who think it impossible for two embryos to be developed upon the surface of one germinal membrane, but is rather inclined to think it improbable. This distinguished accoucheur states that there are several cases recorded, in which one had a special sac, while the other two had a common amnion. He also gives us to understand that we are to distinguish between the different varieties of pleural pregnancies by the peculiar arrangement of the membranes, cord and placenta. Now, in the foregoing case, the most careful inspection failed to discover the slightest vestage of a membranous bridge or septum, which might originally have existed. And we conclude, judging by the rule given upon the dictum of high authority, that in the foregoing case, there was matured at the same time two ova, with three germinal vesicles, etc., and that they were simultaneously fertilized and developed into the three beings. The girl, which was the heaviest of the three, was justly so, from the simple fact of her having been nourished through a larger placental area, proportionately, than were the other two.

SURGICAL CLINIC OF W. T. BRIGGS, M. D.,
*Professor of Surgery in the Medical Department of the University
of Nashville and of Vanderbilt University.*

REPORTED BY C. S. BRIGGS, M. D.

EPILEPSY FROM INJURY OF SKULL.—TREPHINING.

We present to you this morning, Henry A., aged 17, brought to the clinic by his physicians, Drs. Boyd & Whitworth, of Davidson county. He is an orphan, helpless, entirely dependent upon charity and a wanderer from place to place. While stopping at a house in the neighborhood of Donelson, where he had obtained temporary shelter, he had a series of epileptic convulsions, from which he was several days recovering. Observe him now and you will be able to see a marked vacant expression of countenance. As he walks around the arena he gropes his way, as one in the dark and shambles along like a drunken man. His eyes are wild, unsteady and expressionless. His hands are continually closed. When I interrogate him, you notice that he hesitates long before replying, as though trying to collect his thoughts, and his answers are slow, disjointed and hardly intelligible. We learn from him, after patient investigation, that six years since, he fell out of a high stable loft, alighting upon his head. A lacerated wound of about two inches in length was received upon the head. For six days after the accident he lay in a stupor from which he could be aroused with difficulty. He evidently had received a severe injury, probably fracture, of the frontal bone. In a short time he recovered apparently, though he was at times subject to spells of dizziness, and suffered occasional pain at the site of wound. His health continued good with these occasional exceptions, when,

ten months after the fall he had a violent convulsion, in which there was complete loss of consciousness, foaming at the mouth, biting the tongue, etc. In a short time he suffered another well marked convulsion. The intervals between these seizures gradually diminished, the stage of stupor following, became more prolonged and the convulsions more violent. Now he sometimes has as many as forty or fifty in a day. You easily discern, gentlemen, that this is a case of epilepsy due to a traumatism—in other words, a variety of this dreadful afflictions depending upon a point of irritation.

Epilepsy is often produced by a long continued irritation of the peripheral nerves. A scar situated at some remote point, in the induration of which a nerve has been entangled, may be the cause of the epilepsy. I once had a case in which the disease was induced by a long continued necrosis of the tibia, in which the convulsions ceased entirely upon the removal of the exciting cause. I regard this as an unusually interesting case. The epilepsy is unmistakably traceable to the injury of the head. It may be that as a result of the fracture, a depressed portion of the skull is making continuous pressure upon the brain, or certain pathological changes attendant upon the fracture is keeping up an irritation of the brain.

In any event, we see that the violent character and the frequency of the convulsions is so materially injuring his mental powers, that in a comparatively short time, he will be entirely idiotic, an unhappy lot that will make his existence miserable to himself, as well as the community in which he may live. An examination of the seat of the original injury will convince us that the fracture, caused by the fall upon the head, is the source of the epilepsy. Upon the forehead, is seen a cicatrix about an inch and a half in length, placed just in the middle line of the forehead, and about an inch below the coronal suture. The finger, placed upon the cicatrix, readily detects a well defined depression in the bone. He has constant pain, greatly aggravated just before his attack, about the cicatrix. The conclusion is reached then that the epilepsy

is due to a depression of the bone, caused by the old fracture, and it is our opinion, sustained by that of our colleagues, Profs. Maddin, Nichol and Lindsley, and by that of Prof. Stephen Smith, of New York, Prof. Choppin, of New Orleans and a number of others, that by removing the depressed portion of bone with the trephine, mitigation of the troubles, if not entire relief, will be afforded. Unless some effort is made to relieve him from his present affliction, death would be preferable to the hopeless future that awaits him.

The operation of trephining for the cure of traumatic epilepsy, in my hands has proved unusually successful. Out of eighteen cases operated on, one only, died from the operation, one was but little benefitted and the remaining sixteen made perfect recoveries. I attribute my success to the unusual care exercised in the selection of cases suitable for the operation. Having, after a most careful examination, satisfied myself that the present case is a most favorable one, and sanctioned by colleagues and the majority of the distinguished visitors present, I shall proceed to trephine the patient as follows :

Having exposed the seat of the fracture by a suitable incision, the crown of the trephine is placed directly on the depressed bone and a disc removed. If it is found that one disc is not sufficient, the trephine will be applied sufficiently often to remove all the depressed bone. The flap will be loosely drawn together and suppuration encouraged. I do not expect that the patient will at once cease from having convulsions, for generally a mild seizure follows closely after the operation, and mild attacks at gradually decreasing intervals will occur. To prevent this as far as possible, the patient is kept thoroughly under the influence of potassium bromide until the habit is broken.

(The patient was etherized, and the depression in the frontal bone exposed by a horseshoe shaped incision, convexity upwards. The depression was easily detected and the trephine was applied directly over it. A thickened disc was removed, which was unusually hard and eburnated, presented no sign of diploce structure and a broad, thick groove with elevated edges on its internal sur-

face. A question arose among the consultants as to whether the groove was a natural one for the longitudinal sinus, or was produced by pathological changes consequent upon the fracture, and the conclusion was reached that the furrow was much too large for that intended for the reception of the sinus at that part of its course, and that certain pathological changes had enlarged it. The wound was loosely closed, water dressings applied and the patient removed to his bed.

The afternoon after the operation, a slight convulsion was noticed, and one the following day. Since then he has had no seizures. His general appearance has greatly improved, his intellect is much brighter and his present condition a month after the operation, leads us to hope that the operation, as a curative measure, in his case is an entire success.

STONE RECURRING IN THE BLADDER.—MEDIO-BILATERAL
LITHOTOMY.

Our next patient this morning, is Mr. C., from Southern Kentucky, a farmer by occupation, and enjoying to all appearances general good health. He has been the subject of necrosis of the lower third of the femur, which has caused a slight lameness. Doubtless some of you present may remember him as one of the patients upon whom I performed the operation of lithotomy, before the class three years ago. He appears before you a second time for relief of an affection, the symptoms of which led us strongly to suspect the recurrence of a vesical calculus. He went home entirely relieved a week after the first operation, and had no trouble until about ten months after, when he began to suffer from vesical irritation. These symptoms are well marked, and are almost sufficient of themselves to indicate to a certainty the presence in the bladder of stone. Vesical irritation, whether due to the presence of stone or other causes, is manifested by a constant, uncontrollable desire for frequent micturition. The passage of the urine is accompanied by the most intense paroxysms of pain due to pressure of the walls of the bladder upon the

stone. The patient has often to throw himself into almost amusing attitudes in order to thoroughly relax the parts. He suffers from a continuous itching in the intervals between passing the urine, not in the bladder, but in the head of the penis, a sensation accounted for on the principle of reflex irritation. Occasionally, while passing water the stream is stopped suddenly, owing to the stone having been washed into the vesical orifice of the urethra. There is generally present an incontinence of urine, or dribbling, which by saturating his person and clothing, impart to him a strong urinous odor. After unusual exercise, as long walks or horseback rides, the symptoms are one and all exaggerated. These symptoms strongly mark the presence of stone, but are certainly sometimes attendant upon other affections of the bladder. Consequently the surgeon can only rely for positive information upon the introduction of a sound. This we have done, and have thereby assured myself unmistakably of the existence of a stone in the bladder. I shall now proceed to sound him again, and if you keep quiet you may hear the click announcing the fact. I shall now make a rough estimate of its size, by drawing the beak over its surface, and from that examination I pledge the stone is two inches in length, and that its long axis is considerably greater than its transverse. Having satisfied ourselves of the presence of a stone, and the patient having been etherized, I shall, with the assistance and in the presence of our distinguished visitors, perform the operation of lithotomy after the medio-bilateral method. The patient having been placed in the lithotomy position, Dr. Smith will introduce and hold the grooved staff, make it touch the stone and pull the scrotum well up on the staff so as to tighten the perineal structures. The left index finger is then introduced into the rectum and with a straight sharp-pointed scalpel an incision is commenced about four lines anterior to the verge of the anus and carried upwards to the extent of one inch and a half, and a little outside of the old scar. The knife, with edge upward, is thrust in at the lower angle of the incision, through all the perineal tissues, directly to

the staff, its point opening the membranous urethra. As the knife is withdrawn, the incision is enlarged by cutting upwards four or six lines. The probe point of the cystotome is passed into the groove of the staff and upon it carried into the bladder. Its blades are then expanded to the extent of three lines on each side, and withdrawn open so as to divide the tissues laterally to the extent of half an inch. The finger is then inserted upon the guide into the bladder, and by rotary motion made to dilate the parts well. A pair of forceps are then passed along the finger to the stone, which being grasped is withdrawn slowly by steady traction and side to side motion. The wound and bladder are then thoroughly syringed with tepid water and the legs brought close together. The advantages of the medio-bilateral method over all others are, simplicity, ease of performance, slight hemorrhage and safety.

The operation was performed as described. The stone was an unusual large one, weighing exactly a quarter of a pound. It was rather peculiar in shape, being oval and curved upon itself. It measured three inches in its long, by six and a little over, in its short diameter. Not an ounce of blood was lost. The patient recovered without a bad symptom, and went home in ten days.

Correspondence.

MELROSE, ILL., November 22, 1879.

Dr. C. S. Briggs, Ed. Nashville Journal of Medicine and Surgery :

Dear Sir—I send you the following, which may perhaps prove interesting and instructive to my young brethren in the profession.

On August 24, 1879, I was called in haste to see Mrs. M., aged 37, the mother of five children. Patient had complained since doing a washing and some heavy lifting, of pain in the back and lower part of bowels, and had discharged, a few moments before my arrival, a body which from her description I supposed to be an aborted ovum, of two months growth.

On examination, per vaginam I found quite a flow of blood, but very little dilatation of cervix and nothing protruding therefrom, and naturally from her description, concluded that the placenta had been discharged. Gave patient fluid ext. ergot in half tablespoonful doses till hemorrhage was arrested. Was called on the day following, the messenger telling me to hurry, as my patient "was very bad." I lost no time in getting to the bedside and found her flooding, very profusely. I immediately introduced a tampon of small pieces of cotton cloth, and left her of course safe for the present. Visited her the next day and removed the tampon, no hemorrhage following. Advised her to keep quiet in bed and ordered ergot and tinct. iron in alternate doses, thinking that if the placenta was retained, the ergot after the tampon would have the effect to expel it. In order not to weary the readers of the JOURNAL with a lengthy description of this case, will just say that at intervals of seven

days, with hardly a variation, I was called to see this woman and always found her suffering from uterine hemorrhage, and on three occasions found it necessary to tampon the vagina. After the lapse of three or four weeks I requested my old friend, Dr. McNary, of a neighboring town, to see my patient. After a thorough examination, we concluded the trouble was due to "periodical congestion," not knowing what other application to make at present, rest, acetate lead, tinct. iron and alum injections, with an introduction of solution of perchloride of iron well up to the os internum. My friend, Dr. McNary, saw her with me on three or four different occasions, when the same local treatment was adopted through his advice. I asked him if he would not assist me to dilate the cervix and see what was contained on the inside, if anything, but he thought there was nothing there. But the sequel will show that to my mind, we should have dilated the cervix early, for she went on in this fashion till the latter part of the tenth week, when she had another severe attack. Saw her early, and removed from vagina what resembled a softened and decomposed placenta. Of course hemorrhage permanently ceased, and patient recovered, with the exception of general anasarca to the extent of considerable swelling, especially of lower extremities. Stimulated her kidneys to act freely, and she finally recovered.

Yours, respectfully,

J. M. WILKINS, M. D.

Selected Articles.

INJURIES OF THE EYE BALL. A CLINICAL LECTURE
DELIVERED TO THE MEDICAL CLASS
AT THE UNIVERSITY OF MARYLAND.

BY JULIAN J. CHISHOLM, M. D., PROFESSOR OF EYE AND EAR
DISEASES IN THE UNIVERSITY.

The man now presented to you, while moving about his room in the dark, two nights since, struck his eye against the edge of a door. He was much startled by the suddenness and severity of the blow; saw for the moment stars, as he says, and has had a painful eye ever since. His eye is sensitive to light and waters freely upon exposure. Upon inspection you find the eye injected and of a pink color. The cornea is clear and uninjured. The pupil is black and seems to have fair play. The iris is in no way discolored when contrasted with the opposite and uninjured eye. The vision is not materially disturbed. The injection seems chiefly confined to the fine vessels of the white or scleral tissue, which being a firm resistant fibrous coat, explains the pain which the patient suffers. The local use of atropia gr. 11 to $\frac{3}{4}$ i. of water will soon quiet all the pain, relieve the congestion and cause all trouble to disappear.

This case is quite in contrast with the patient whom you see along side of him. He also has received an injury to the eye. In opening oysters a piece of shell has struck the right eye, and has wounded the cornea. In addition to the injection of all the sur-

face tissues, you observe a whitish area on the outer part of the cornea which extends from near the outer border to the pupillary space. This patient complains of a painful and weak eye, which waters upon exposure to the air or light; and, in addition, sight is materially diminished because light passes with difficulty through the cloudy cornea.

Both of these cases differ very decidedly from this third patient who has been sent to the clinic from the dispensary of the Presbyterian Eye and Ear Charity Hospital. He has had his right eye torn open by a blow from a fragment of stone. In examining the injured eye, a cut is seen extending across the eye ball from near the caruncula to the outer edge of the cornea. The wound has gaped sufficiently to allow a piece of iris to escape and form a ridge on the corneal surface. The anterior chamber is much diminished in depth, and contains some blood. The pupillary orifice is lost in the iritic hernia, because the wound of the cornea extends across the pupillary space, and has allowed all the central parts of the iris to protrude. The patient does not complain of as much pain as either of the patients previously examined, and yet has the most serious injury.

These three cases may be taken as typical of the three grades of eye injuries. The first is an eye bruising, which will be speedily recovered from. The second is a case of injury to the surface of the cornea which will require much more time for successful treatment, and which may leave a permanent trace of the injury in an opacity or cloudy spot on the cornea. The last eye has been destroyed for all useful vision, and must at some future time be removed to prevent disastrous inflammation in the good eye. Each of these types represent a large series of eye accidents, which grade from a slight and temporary discomfort to the complete destruction of the visual organ.

In the first order of concussions of the eye ball without apparent injury to the cornea or sclerotic, we find many different conditions. When the eye is accidentally touched with the finger, or with the end of a handkerchief, it produces a smarting pain, which

amounts to more than a discomfort. The vessels of the surface engorge, and a flood of tears gush from the lachrymal gland to wash away as it were an intruding body. In a few minutes or hours, the temporary discomfort has already been forgotten in the continuance of the operation, which for the time had to be suspended. A more severe blow is represented in the case before us in which a more permanent congestion ensues, accompanied by a dull aching pain which is severe enough to annoy the good eye from sympathy, and prevent all close application for some days. A still more severe injury in this class was exhibited in a child of two years of age brought to me for treatment. His aunt was trying to amuse him by throwing his soft cap at him. It had a button at the top. In one of these throws, the button struck him in the eye. The cap was so soft and light, and was projected with so little force that no injury was anticipated; but as the little one cried much and seemed to be in pain, he was brought to me for inspection. I found the anterior chamber full of blood, but could detect no abrasion on the cornea or sclerotic. It was fully three weeks before the blood was all absorbed, and the eye restored to its full power of vision.

A little blood in the anterior chamber is not an uncommon occurrence after blows upon the eye, and does not necessarily infer serious and permanent damage to the organ. The extreme vascularity of the iris and ciliary bodies immediately behind this septum, explains the frequency of slight hemorrhages from blows. As a rule, blood in the anterior chamber in a healthy eye rapidly undergoes solution in the aqueous fluid, and subsequent absorption. After the performance of iridectomy, an operation for making an artificial pupil in cases where inflammation had tied the pupillary border to the capsule of the lens, blood often escapes from the iritic vessels, and fills the anterior chamber. If left there, and the eye dressed with the usual pressure bandage, in a very few days, all trace of the blood will have disappeared and without detriment to the organ.

A more severe blow upon the eye may tear some of the inner

important coats without doing injury to the outer shell. In such cases the suspensory ligament which holds the lens in position may be ruptured, and the lens would be displaced from its central position. This would not only injure the eye for seeing, but would establish within the eye a condition that may at any future time give serious trouble. The capsule of the lens may itself be broken into, and a traumatic cataract with temporary loss of sight would be the consequence. These delicate, transparent tissues, however, often escape injury when the deeper structures yield. The choroid may be torn, or some of the retinal vessels may give way. In the latter case, under ophthalmic observation a clot of blood may be seen in the retinal substance, and if in the vicinity of the visual axis must do serious and permanent damage. In the former the hemorrhage from the choroid may be so excessive as to completely conceal the retina from ophthalmoscopic examination, and destroy all perception of light. Such serious injuries as the disorganization of the interior of the ball, while the cornea and sclerotic coats retain their normal appearances, are not very rare cases in an eye dispensary.

In the second series of eye injuries implicating the cornea, we find all grades, from the disturbing of the surface epithelium to the opening of the anterior chamber through the whole thickness of corneal tissue; and from a minute puncture to an open gaping wound, which may reach from one border of the cornea to the other. The simplest wounds are made by slight blows, often of very small bodies, as from cinders or minute scales of iron. These may embed themselves in the soft epithelial surface of the cornea, and have to be picked out by the surgeon. Such abrasions heal with great rapidity, and often, in a day all trace of trouble has departed.

The second case brought to your notice represents, a very large number of dispensary cases. They exhibit more or less extensive surface abrasions, occasioned by injury to the superficial layers of the corneal substance. In this large city in which the oyster trade is a very important industry, there is scarcely a day,

during the shucking season, that cases of oyster shell injury to the cornea do not present themselves for treatment at the Presbyterian Eye and Ear Charity Dispensary. These cases show a striking uniformity; a very sensitive eye, painful upon exposure to light, and from which water escapes copiously. The eye is somewhat injected, especially around the outer corneal circle, and upon some part of the corneal surface is a grayish spot sometimes covering half the cornea, often central, concealing the pupil and interfering very materially with vision. Under the sedative treatment of atropia, such cases slowly improve, so that work can be resumed long before the white spot upon the cornea passes off.

If the blow has been a severe one, the inflammation extends into the deeper tissues of the cornea. Here is a laborer who injured his eye in chipping a stone, another very common cause of corneal injuries. When he first came to the dispensary the cornea was clear with a deep grooved abrasion upon its surface. When next seen, after some days absence at his country home, the surroundings of the wound had become cloudy, the inner face of the cornea mottled in spots, and pus was detected in the anterior chamber. In the mean time he had suffered severely. In this case it was necessary to puncture the anterior chamber to let out the pus. At this stage he entered the hospital. Under the local use of atropia and the pressure bandage, with general tonic treatment, the inflammation subsided without a reformation of the pus, and the case has done well. The mere tapping of the chamber does not always terminate so successfully. In many cases pus re-accumulates. A larger portion of the cornea becomes involved. Pus seems to infiltrate the laminated structure of the cornea, and a sloughing of this covering ensues. In the most serious cases the iris becomes implicated in the final healing process with partial obliteration of the anterior chamber and destruction of all useful vision. In some of the oyster shellers injuries, the corneal wound is not larger than a small pin's head. It is a round, well defined whitish spot, in the superficial

surface of the true cornea, covered with polished epithelium. It exhibits so peculiar an appearance, as to have induced the belief that it was the specific effect of the juice from the oyster, and not a blow from a fragment of the shell.

While surface cloudings of the cornea may in time disappear, having slowly faded out, the deep wound, even when made by sharp instruments, always leaves its white cicatricial mark as a permanent scar. When these cross the corneal surface in the neighborhood of the pupil they interfere materially with good vision. When cuts are limited to the cornea proper, even if they penetrate into the anterior chamber, and implicate the iris, they are not necessarily fatal to the organ. The simple wounds heal kindly, and even the lacerated ones with irregular outlines in time get well. Should they be located at the side of the cornea and not over the pupil, a very useful eye may be retained. In cases of gaping wounds of the cornea, with a protrusion of a piece of the iris, the condition of the eye is very much improved by carefully cutting off the whole protruding portion smoothly with the surface of the cornea. If the accident be a very recent one, this operation will release the iris from the wound and allow it to resume its normal place in the anterior chamber.

It is when the wound is not limited to the cornea, but crosses from the colored to the white part of the eye that danger becomes most imminent to the organ of vision. Wounds which extend into the ciliary region where the colored and white parts of the eye join, are the dangerous eye wounds. Such a wound may not only destroy the injured organ, but may in the course of time induce by sympathy, destructive inflammations in the other eye. In these cases the wound may not have been a very painful one at the time of accident—perhaps only a slight puncture with some sharp instrument, leaving a mark of not over two lines in length divided in its extent between the cornea and the sclerotic. The wound may be deeper than its surface indicates, and have done injury to the ciliary region which you know is so vascular and so richly supplied with nervous influence. Sight at the time

may not have been altogether lost. Months or years after the occurrence of the primary accident, inflammation may have appeared in the eye, putting out the sight that had remained. Then at times the repeated so-called colds would keep the eye painful and irritable, and some day the other good eye would be attacked by a similar inflammatory trouble.

The secondary inflammation usually locates in the iris and ciliary region, and when it shows itself by sympathetic extension in the good eye always ends in its painful destruction. It is to prevent such very ugly sequela that surgeons remove the injured eye. This extirpation of the lost eye ball must be done prior to inflammatory attacks in the good one. When once inflammation has started in the good eye, no benefit will come from the removal of the lost one. This danger must always be anticipated. It is never safe to carry an eye lost by accident. Even when it has given no pain for months or years, there is no certainty that it will not yet become a source of trouble. I have seen an eye lost by a puncture wound remain a useless, painless, innocent stump for thirty-five years, then without known cause, an inflammation suddenly made its appearance in it, and through sympathy, dangerous irritation showed itself in the other eye. I have been consulted in cases where the good eye was lost after this long interval, and I have seen cases just in time to remove the eye which was primarily injured, and thereby cut off the impending danger from the sound one.

In fact, so dangerous do surgeons consider deep wounds of the eye involving the ciliary region, that we now lay down the rule, which the patient will not always consent to have carried out, that such eyes are best treated when first seen, by extirpation. Such wounded eyes heal very slowly, seldom look well, and are constant sources of danger. To the working man, to whom time for labor is all important, this loss of many weeks' work is a serious embarrassment. The wound left after the removal of an eye ball heals in a couple of days, and the patient is then ready to resume his ordinary occupation.

How much better then, to treat a seriously injured eye as a condemned one, and by a speedy and painless operation under chloroform remove the lost and dangerous organ, and thereby not only save the patient much pain and a tedious convalescence, but put the remaining good eye out of all jeopardy from sympathetic trouble.

Recently a substitute has been offered for enucleation where the injured eye is still good looking. It is to cut off all nervous communication between the interior of this eye, and the rest of the body, so that the good eye will have no sympathetic association with the injured one. You have seen this operation of neurotomy performed, and have observed with what rapidity a most painful eye is rendered painless, and may still be retained in the head for appearances. For all good looking eyes, in which the destructive wound has carried away sight without marring the looks of the organ, the operation of ciliary and optic neurotomy offers a great comfort to the suffering patient. When, however, the eye is deformed, then better remove it at once, and substitute an artificial one, which will improve appearances and give comparatively no annoyance.

Extracts from Home and Foreign Journals.

SURGICAL.

SUBPERIOSTEAL EXCISION OF ELBOW.

At a late meeting of the New York Pathological Society (*Medical Record*, Oct. 25, 1879), Dr. Lance exhibited a patient upon whom he had performed subperiosteal excision of the right elbow-joint, after Prof. Voight's method, and gave the following history: Patient was nineteen years of age, and had a stiff right elbow from his early childhood. He knew nothing about the cause of this trouble. The arm remained thin and powerless, and any exercising caused pain in the joint, especially during the last two years. Various methods of treatment were employed but without avail, and the patient finally resolved to get rid of his trouble by an operation.

At that time the patient was in good health. The right elbow was ankylosed at an angle of 90° , with a mobility of nearly 10° . The tissues about the joint were somewhat thickened, but no fistula or other indication of existing supuration was present. The olecranon and head of the radius seemed thickened, and they were very painful on pressure, showing chronic osteitis. The operation was performed on the 25th of June, by means of a bilateral incision, antiseptically made without spray, and by the bloodless method. The periosteum was carefully preserved; in all those places where important tendons or ligaments had their insertion (olecranon, coronoid process, epicondyles of humerus, etc.), thin layers of bone were separated by means of hammer and chisel, and remained in connection with the periosteum, according to the plan of Voight.

The operation was somewhat tedious and difficult, the periosteum being thickened and tense, and all recesses of the joint obliterated. Lister's gauze-dressing was applied. The after-treatment consisted of a dorsal splint of plaster of Paris, with elevated position and slight extension. The position of the arm was about 150° . After the tenth day position was changed every second day to the extent of from 50° to 150° . At the end of the third week, articulated silicate dressings (with shoulder piece), which had a movable joint and rubber strips, were applied corresponding to the new joint. The joint allowed a slipping of the bones of the forearm upward and backward, according to the physiological position of the ulna. Active and passive movement were freely practised by causing the patient to lift a box filled with sand, the amount of which was increased every day. These exercises effected a stretching of the elbow. The arm, by means of the strip, was held in a right angle. The weight of the sand was chosen always a little beyond the strength of the patient to master it, so that it slowly extended the arm, the patient endeavoring to prevent this, and struggling against the weight by the power of his muscles. The rubber strips kept up a passive dragging of the ligaments and held the bones in a certain adaptation.

After the seventh week the apparatus could be omitted, the new formation of the bones being very significant, and almost complete cicatrization had been accomplished at end of fifth week. There had not been any significant discharge since the second week, only those places discharging superficially where the drainage tube had been introduced.

The reaction after the incision had been quite insignificant. A bloody infiltration of the arm and forearm disappeared under physiological changes of color, and was re-absorbed without interfering with the healing process.

When the patient was exhibited to the Society, just three months after the operation, the elbow presented nearly its abnormal shape. Motion was between 80° and almost 180° , without any abnormal lateral movability. The condyles of humerus ap-

peared stronger than normal. Pro and supination almost normal (had been exercised also methodically every day, the apparatus being removed for this purpose). The head of the radius was well marked, and normally faced the external condyle. The olecranon was distinctly formed, but was a little smaller than normal. Above its apex something like a sesamoid bone could be felt in the triceps tendon. The arm was so strong that the patient was able to lift a chair, seizing it by the leg, and after stretching the arm he held the chair a good while in the air. The flexion to an acute angle was difficult. The specimen showed deep depressions in the articular part of the ulna, especially one behind the base of the coronoid process. Its walls were hard and smooth; they were covered by a dense fibrous tissue which surrounded a small quantity of cheesy matter. All the depressions in the bone were filled with a succulent fibrous tissue, which sent vascularized adhesions to the opposite cartilage; so the process was on its way to cicatrization. The bones of the humerus were almost normal; cartilage of radius showed some cicatricial depressions; its head had an abnormal process toward the articulation, with the ulna, which was entirely obliterated by a dense fibrous mass.—*Medical News.*

PUNCTURE OF THE ABDOMEN.

The discussion on intestinal obstruction at the annual meeting of the British Medical Association in 1878, has already borne fruit in a very satisfactory manner. Not only have operative measures been more generally adopted, but the peritoneum is found to behave itself very much better now-a-days than it used to of old, when it had a very bad reputation. Any injury of the peritoneum was thought to entail imminent danger, but now it is sponged out without provoking inflammation even. Mr. Jessop, of Leeds, enters an indignant protest against the application of the term "unjustifiable" to exploratory incisions of the abdomen in obscure cases. In cases that are in their nature necessarily fatal, he argues, the operation cannot further endanger life, and

the operator has the satisfaction of knowing this. In other cases immediate relief can be furnished where nothing short of operative measures are of the slightest avail, as where a band of organized lymph encloses a coil of intestine, his experience at the post-mortem table telling him that several cases there met would not have come there had an exploratory incision been made and the cause of obstruction removed.

Dr. Jacobson, of Guy's Hospital, relates a case which, however, terminated fatally ten days after operation; nevertheless he advocates the adoption of operative measures. He thinks that what betwixt recent great advances in the surgery of the abdomen and the progress of antiseptic surgery, operative measures for the relief of intestinal obstruction will become quite common, and will furnish most beneficial results in many cases. Even where it is not necessary to make an incision in the abdominal walls, operative measures, including liberties taken with the peritoneum, may be indicated. Thus, Dr. Broadbent relates a case where puncture of the small intestine gave great relief in case of an intestinal obstruction in an elderly lady. A shriveled ovarian cyst constitutes a tumor in the right inguinal region, which presses upon the bowel. In consequence of this she has several times suffered more or less severely from intestinal obstruction. At last an obstruction had persisted for three weeks in spite of opium and belladonna, and it was determined to puncture the intestines with a long aspirator needle. The aspirator was used at first, but soon was found unnecessary. An enormous amount of gas escaped, giving the patient great relief. Two days later, fæces and flatus begun to pass naturally. A few months later, a similar attack came on, and, after some days of unsuccessful medical treatment, at the patient's earnest request, punctures were again resorted to, with excellent results. The discharge of gas was followed by a copious evacuation during the subsequent night. A third time puncture alone could afford relief. Dr. Broadbent has used such puncture of the abdomen in several cases, and so far has not seen any injurious results follow therefrom. He,

however, observes several precautions. (1) He lessens peristaltic action by a full dose of opium, while no food is given for some time before the operation. (2) He selects a coil of intestine which contains gas only, and not liquid. (3) He pierces the coil exactly at its most convex part. The spot chosen for the puncture should be as nearly as possible over the center of a coil which does not roll about, and, by preference, in the linea alba. (4) He exercises great care and patience during the escape of the gas. As the gas escapes from the coil selected for puncture, it will collapse under pressure from neighboring coils, and the flow through the needle will cease. Very soon, however, the air in the intestine will distribute itself and enter the empty portion, when it will again escape. It is better not to put on a bandage. He concludes, by suggesting that such puncture may often usefully precede other operative measures, as inflation, taxis, etc., when the gut is imprisoned.—*Med. Times.*—*Michigan Med. News.*

CATGUT DRAINAGE.

Dr. Jules Boeckel, (*Revue Méd. de l'Est*, June 1, 1879,) having used the catgut drainage in a number of capital operations, insists that it can be employed with advantage over the ordinary rubber drainage tube. He used nine catgut threads, the ninth being wound round the eighth to keep them together, the two ends being fastened together by a piece of silk. In every case reported, the catgut used as drainage became absorbed after about the sixth day. The catgut, he claims, affords sufficient drainage; it does not act as a foreign body as it is readily absorbed; it does not require the attention which the ordinary rubber tube does, and the separation of the tissues is reduced to a minimum. Theoretically, he says one single catgut thread should be sufficient. Another advantage claimed for it is that compression can be made to any extent so as to bring the deeper parts in close opposition without fear of obstructing the drainage.—*Chicago Med. Journal and Examiner.*

MEDICAL.

THE NEW ANÆSTHETIC, HYDROBROMIC ETHER.

MR. EDITOR.—Dr. Laurence Turnbull, of Philadelphia, having had his attention directed to the anæsthetic properties of the bromide of ethyl, or hydrobromic ether, by the physiological experiments of Rabuteau upon the lower animals, has successfully employed it in the human subject as a substitute for chloroform, and at the recent meeting of the *Congès International* at Amsterdam he reported that it had been thus used up to that time in over one hundred cases, not only without a fatal result, but also without any unfavorable symptoms. It is a colorless fluid, possessing an agreeable odor and pleasant taste, and as regards density and volatility it is intermediate between chloroform and the ordinary so-called sulphuric ether. It is not decomposed in the system, and appears to be eliminated by the lungs. A few drachms of the ether upon a towel are generally sufficient to produce complete unconsciousness; it is rapid in establishing anæsthesia, and transitory in its effect; there is no subsequent depression, the pulse usually remaining below 100 per minute, and, as a rule, there is no vomiting.

Dr. Turnbull has employed it principally for minor operations, and finds it well adapted for office use on account of its transitory effects. Dr. Levis has lately used the bromide of ethyl as a substitute for ether at the Pennsylvania Hospital, and as these appear to have been the first instances in which severe operations were performed, short notes of the cases appended (kindly furnished by Dr. John B. Roberts).

It has up to the present time been used on four occasions in the Pennsylvania Hospital, namely, amputation of the forearm at the upper third, perineal section for stricture of the urethra,

resection of a stump after former amputation of the arm, and in a case of fracture of both legs, where it was administered in order that a careful examination might be made and tenotomy be performed.

CASE I. A vigorous man was admitted with a railroad crush, requiring amputation of the forearm at the upper third. The operation and the subsequent arrest of profuse hæmorrhage, including the dressing, occupied forty minutes. During this time anæsthesia was maintained by eleven fluid drachms of the bromide of ethyl. Snoring respiration was produced in three minutes by the first fluid drachm, and return of consciousness took place three minutes after the administration of the agent was stopped. The pulse before the operation was 80, but during anæsthesia gradually rose to 90, while the respiration was only slightly affected. There was a little nausea immediately after the operation, but this soon disappeared.

CASE II. A large man, who had sustained fracture of both legs, was anæsthetized in order that a proper examination might be made and tenotomy of the tendon achillis performed. One fluid drachm was inhaled, with the effect of producing snoring in one minute and a half; a second drachm was followed by complete muscular relaxation. The towel was withdrawn, and two minutes afterward the man winked, showing that consciousness was returning. Complete anæsthesia was again induced by the administration of a third drachm. The tendo achillis of the left foot was then cut subcutaneously in order to overcome displacement favored by the obliquity of the fracture. The patient altogether inhaled four drachms, and was under the anæsthetic influence ten minutes. There was no vomiting, the pupils were, it is said, uninfluenced, and respiration continued normal. The pulse gradually rose from 80 or 85 to 90 per minute. There was no struggling, as occurs so frequently during etherization. During the afternoon slight nausea was present, but there was no vomiting.

CASE III. Perineal section was performed in this instance for

the relief of a perineal fistula resulting from traumatic stricture of the urethra. The pulse of the man before the administration of the anæsthetic counted 120, and the respirations 30. He was given one drachm, and in two minutes another drachm. In six minutes from the beginning stertorous respiration occurred, while in eight minutes the pupils were strongly contracted, and there was profuse sweating. At the end of ten minutes the pulse was 120, and the respirations were 36. Eleven minutes after the first inhalation, a third drachm was given, and at this time the notes state that the pupils were dilated widely, the pulse 90, and the respirations 28. The patient recovered consciousness two minutes after the administration was stopped.

CASE IV. A young girl, who had suffered an amputation of her arm at the upper third while an infant, presented a deformed stump. The soft structures had retracted and left the bone protruding, covered only by skin, the surface being irritable. The patient was rapidly rendered unconscious by less than two drachms of the bromide of ethyl, and the bone retrenched by strong forceps after making small flaps. After the operation she rapidly recovered from the anæsthetic, and showed no depression of the circulation nor interference with respiration.

The results thus far obtained seem to prove that the new anæsthetic has strong claims for popular favor, but deserves closer study and more extended experience before it can be considered as established in the position which it now appears to occupy, that of being the most agreeable, efficient and reliable of our anæsthetic agents for use in general surgery.

We are informed that this ether is now made by Messrs. Powers & Weightman. There is no difficulty in preparing it by Personne's process. (See National Dispensatory.) W.

Philadelphia, Nov., 1879.

Boston Medical and Surgical Journal.

SPEEDY CURE OF NASAL POLYPI.

The painless method of removing nasal polypi, never before

made public by the originator, is an apology for taking a small space in your valuable journal.

Mr. G. M——, æt. 60, ten years ago applied to me for relief from a soft polypus in the left nostril. I proposed evulsion; but not liking the proposition, he left, and I never heard of him until last May, when he returned with another polypus in the same nostril. I advised evulsion once more; he declined it again, and desired me to cure him the same way as did Dr. G. Geccarini the first time (ten years ago). On inquiry, Dr. G. kindly answered: "The medicine which I used for removing nasal polypi is four or five drops of pure acetic acid injected with an hypodermic syringe within the body of the polypus once only, very seldom twice; the polypus generally drops off within three or five days without discomfort or pain. Disinfecting lotion will correct the offensive odor." With this information, on the 12th of August, in presence of my friend, Dr. J. L. Little, I injected the polypus with six drops of chemically pure acetic acid, and instantly we saw the discoloration of it from red to white. Business preventing him from returning, I could not observe the daily progress; but when he called on December 2d, he had only a small portion of it yet adhering to the middle turbinated bone, the other having dropped off the fourth day after the injection; this remaining portion was injected with four drops of the same acid, and on the third day dropped off, leaving his nose clear, without sore or a vestige of it. Neither of the two operations were followed by any unpleasant symptoms, save a slight smarting from the pricking by the needle when the acid was injected. The offensive odor arising from the decaying mass was corrected by a weak carbolized wash. The long interval from the destruction of the first, and the appearance of the second—ten years between—precludes the possibility of this last being a portion of the first, but a new one.—Dr. S. Caro in *Med. Record*.—*Southern Medical Record*.

TREATMENT OF INTERNAL HEMORRHOIDS BY HYPODERMIC
MEDICATION.

Dr. Edmund Andrews, of Chicago, in the July number of the *Philadelphia Monthly Review*, contributed a most valuable article on the cure of hemorrhoids by hypodermic injection. And as any clinical experience tending to confirm the verity of the suggestions in that paper strengthen it, and may lead others to their adoption, I desire to add one to the list of recorded successful cases.

Miss B. has been a sufferer from internal bleeding hemorrhoids for near two years, at times enduring such agony as to contemplate suicide. She could not stand or walk without the protrusion of one or more tumors through the sphincter ani, and after stool, besides the painful and disagreeable necessity of replacing the everted rectum and mass of tumors, was obliged to lie down for a considerable length of time before she was equal to the demands of her vocation. She had suffered so long and acutely, and every agent which her medical adviser had suggested having so signally failed in affording the slightest relief, that in sheer desperation she took refuge in opium, chloral and whisky, unconsciously using such quantities that she became a prey to their power. Some of her friends thought her verging on lunacy. Once arrangements were made for a surgical operation, and she was actually on the table prepared for the ligation of the tumors, but for some reason it was postponed. Of ointments and lotions she had used endless quantities, and losing faith in all medical men, had relapsed into a stolid indifference, preferring to endure the "ills she had, rather than fly to those she was wot of." About the last of September an attack of inflamed hemorrhoids made her so desperate she consulted me. Upon examination, I decided at once to adopt the hypodermic method of medication, and to employ the weak solution of carbolic acid advised in the paper referred to. The bowels having been previously thoroughly emptied by enema, on the morning of the 4th of October, I in-

jected ten drops of carbolized oil (3ix olive oil, and 3i cryst carbolic acid) into the center of *one* tumor, throwing the fluid in very slowly, and retaining the needle in situ until it could be thoroughly distributed through the tissues. The almost instant effect was the whitening and partial corrugation of the mucous membrane. I then injected alongside $\frac{1}{8}$ grain sulp. morphia, replaced all the tumors above the internal sphincter muscle, and made my patient comfortable in bed. The operation was not very painful, but the pain increased considerably in two hours, apparently because of the incessant action of the "sphincter," and lasted an hour or two. To relieve this, as well as to assist in the absorption of the tumors, I directed the application, night and morning, of this ointment:

R	Iodoform.....	3 i
	Acid carbolic.....	grs. xv
	Acid tannic.....	grs. xv
	Ext. bellado.....	grs. viii
	Pulv. opii.....	grs. viii
	Vaseline.....	3 i

To guarantee a semi-solid stool, she took each morning, immediately before breakfast, a small wine-glassful of Hunyadi Janos water. On the 11th of October I repeated the treatment, injecting *two* tumors, and omitting the morphine. That tumor originally injected was much diminished in size. On the 18th she was menstruating, so I was forced to postpone my injection until the 25th. At that time I could only find two tumors, and they so small that I should not have thought it necessary to do anything for them except upon the ground of making "assurance doubly sure." She declared herself perfectly well, so far as the piles were concerned, and said that she almost wondered whether she could really be the same individual. The third and last operation was almost painless—she did not lose a day from her school—was equal to any amount of exercise during treatment—a thing absolutely impossible before—because as soon as a tumor escaped through the "sphincter," a most intolerable strangury came on.

Hence, I conclude that except in cases where the hypodermic method fails, I shall discard the ligature and ecraseur in the management of "internal hemorrhoids."—*Southern Clinic*.—*Southern Medical Record*.

GOULARD'S CERATE.

C. Bernbeck thinks that the cerate of subacetate of lead ought either to be discarded altogether as a healing salve or at least be made extempore, because he frequently found it to contain free acetic acid when a few days old, which of course makes the cerate irritating instead of healing. The presence of acetic acid can readily be determined by the odor and by triturating five grains of the cerate in a mortar with an equal quantity of alcohol, and testing with blue litmus paper previously moistened with water. —*Pharm. Zig.*—*Louis. Med. News*.

OBSTETRICS.

THE METHOD USED IN GERMANY IN THE TREATMENT OF PLACENTA PRÆVIA.

Professor Schraeder says : As regards the occurrence of bleeding in connection with placenta prævia, the views of Duncan that the placenta detached itself in consequence of transverse tensions of the internal os and the parts adjacent (by which tension the attachment became larger while the placenta retained its original size), did not seem to explain every case, nor did it necessarily explain the hemorrhage. In normal births, where the membranes have ruptured at the proper moment, the ovum must partially detach itself from the wall, and this last must draw itself back over the ovum. This separation takes place usually in decidua, sometimes, however, between chorion and amnion. In this case the chorion is torn, remains attached to the wall of the uterus, and the amnion alone constitutes the membrane. After delivery of the foetus one finds both separate. If now, by placenta prævia centralis, the ovum remains intact, the internal os must force itself up on the placenta, and in consequence of this, the projecting portion becomes apparently larger. A separation between amnion and the chorion is almost impossible on account of the position of the umbilical cord. As soon, however, as the membranes break, the wall of the uterus ceases to draw itself up on the placenta. From this it appears that the earliest possible rupture of the membrane must be the safest check to the bleeding, and indeed this treatment has had the best results. It is a mistake to suppose that the bleeding can be stopped by compression of the presenting portion. In a few of the cases treated in the lying-in hospital, the bleeding ceased immediately on rupturing the membrane, although only a thigh

lay in the orificium uteri, which did not at all fill it out. A forced birth, is, however, not advisable, as the cervix in placenta prævia, although it may be dilated, is also easily ruptured.

Dr. Bennicke has, in nine out of twelve cases, treated in the city, ruptured the membrane early; then by a combined version pulled down a foot, and then allowed nature to finish the delivery. The twelve women lived, also four of the children.

Dr. A. Martin ended forty-one cases operatively, and lately has advocated as the safest the treatment herein prescribed. He recommended the rupture of the membranes because the disadvantage of the tampon, especially the infection, is thereby avoided. The cervix is not always easily dilated; for instance, he once saw a case of rupture occurring during the passage of the head, and by which the woman bled to death. He tried, only once, Kleinwaechter's method to loosen the placenta considerably, and then to inject ice water, and with bad result.

After the birth of the child the placenta must be immediately removed. Against post-mortum hemorrhage he recommends injection of hot water in the uterus.

Dr. Jacquet expresses himself also in favor of early rupture of the membrane and of combined version.—*Buffalo Medical and Surgical Journal*.

THE HOT WATER DOUCHE IN PARTURITION.

The condition in which we get the most signal effects from the douche is that of uterine inertia after the placental delivery, and in this condition I am inclined to think that we have an absolutely reliable agent to control bleeding—an agent which may reduce the terrors of post partum hemorrhage and make its fatal termination an almost impossible event if applied at any time while power of reaction is not entirely exhausted. The dangerous use of iron and other styptic injections will then be without excuse, and the study of prophylactic measures a matter of little moment.

For this purpose no other apparatus is needed than that already

described. Special tubes are not required. The ordinary vaginal nozzle of the Davidson syringe, prepared as before suggested, will be found as useful as any other. In applying it the patient is turned upon her back. If a pan is at hand it should be used; but if not, the urgency of the case requires that there shall be no delay. The water is placed in a vessel—preferably a small pitcher or deep basin—to the bottom of which is dropped the supply-tube, and carefully held there, that no air may be drawn into the instrument. If carbolic acid or other disinfectant be at hand put a suitable quantity into the water (of carbolic acid two fluid drams of ninety per cent. solution to the pint; of Labarraque solution one-half fluid ounce; if neither of these, a tablespoonful of common salt may be quickly dissolved). The temperature may be guessed at by the accoucheur if no thermometer be had, or, if the case is very urgent letting it just be hot enough not to be painful to the hand. The nozzle is then carried, upon the index finger of the hand corresponding with the side of the patient toward the operator, to the vicinity of the vulva, the bulb compressed by the nurse or other assistant until all the air has been forced from it, then carried into the vagina, while the opposite hand grasps firmly the uterine globe. The fingers in the vagina may be moved about freely to break up clots rapidly, there being sometimes a complete distension of the vagina with firm, hard coagula. The stream is kept up continuously, washing out as fast as the clots are loosened. The nozzle is to be carried to the os uteri and directed into the orifice. If the coagula in the uterus are loose and not abundant the force of the stream may be sufficient without carrying the finger into the uterine cavity; but if the hemorrhage has been great and the uterus largely distended it is better boldly to introduce the pipe, guarded by the finger, and, moving it around gently, let it, with the aid of the stream, detach from the intra-uterine surface all shreds of membrane or small coagula which may be found adherent to the surface, and which, if not removed, will act as centres of coagulation. While this is going on, the hand upon the uterine tumor,

feels it steadily, and generally instantly contracting, condensing itself into a firm, hard mass receding completely into the pelvic cavity below the brim. The water passing from the vulva is soon observed to be free from color, and the hemorrhage is arrested. A uterus after such accident ought to be carefully watched and compressed in the hand of the accoucheur or of an assistant until all probability of secondary relaxation is over. Yet so far it has not been found necessary to resort to a second injection. In only two cases since using it has failed; those occurred very early in my experience with it, and I believe I only resorted to the use of ice because my confidence in the use of hot water had not been sufficiently established. Judging from all experience since then, a perseverance with the douche would probably have rendered the ice unnecessary.—*Dr. Albert H. Smith in Medical Times*.—*Louisville Medical News*.

DOUBLE UTERUS WITH DOUBLE CONCEPTION.

Dr. Sotschawa, of Moscow, reports in the *St. Petersburg Med. Woch.*, Jan., 1879, the case of a woman, aged 26 years, who called him on account of a hemorrhage during a third pregnancy. On examination he found two distinct vaginas, each one terminating in a uterus. The finger passed readily through the first of these, and he found an ovum presenting; the uterus seemed to correspond to about the second month of conception. The vagina of the other side (right) was narrow, but the neck could be reached, and appeared to belong to a uterus of three months. The hemorrhage had its source in both uteri, and in consequence was considerable; an embryo of one month was extracted with the finger from the left uterus, and three days later a fœtus of three months was extracted from the right uterus. The author observes that this case is not only remarkable for its rarity (only thirty cases being on record) but also because it is a proof of the possibility of superfœtation.—*Chicago Med. Jour.*—*Med. News*.

Editorials, Reviews, Etc.

PUBLISHER'S NOTICE.—The JOURNAL is published in monthly numbers of FORTY-EIGHT pages, at three dollars a year, to be always paid in advance.

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All communications must be addressed to

C. S. BRIGGS, M. D.

1880,

Jan. 1, a century ago, this beautiful city, now absorbing adjacent territory in every direction to secure room and verge enough for the amplitude of its dimensions was unborn; *yet*, on the following April, it might have been to the amazement of a lone red man from some near wooded height to have seen standing in the very center of his hunting grounds nine white men and one African, breaking ground to lay in the unbroken wilderness, the corner stone of a great State. The immortal James Robertson and his comrades! There was no doctor, no preacher among them. They came to secure the physical well-being of themselves and descendants, and relied for success on heart and arm—on dead game! They brought no doctors, and he who in after years first bore that title of distinction, among them was a horse doctor. Men who have greatly distinguished themselves in the world

love to linger on the details of the insignificance of their beginnings. It may be a pardonable pride in the future historiographer of the rise and progress of medicine in the valley of the Cumberland to refer to its humble beginning. When more than seventy of the one hundred years had glided into the past, this Journal, the first born of the city or the State, commenced after a prospectus that had been sent out, like the dove from the ark, and industriously circulated, had returned with ONE subscriber. The town had started without any medical man, and now, seventy-one years after, for its Medical Journal to start with one subscriber, showed an advance of one hundred per cent. in medical matters. The hopeful editor said in his first issue, "We have said we would publish a Medical Journal at Nashville. Those who know us, know we will do it." And he did it. "It cannot succeed," said a medical man, interrogatively, to an acquaintance of the editor. "Succeed?" said he. "He will not only make it a success, but he will make everybody succeed in its neighborhood." It succeeded, and through an entire generation its figure head was the embodiment of success. Its motto, "*Tote fair*, and give the young man his tide and opportunity," still floats at its mast's head, and the spirit that tided it over all opposing circumstances still animates it. The open era of the future, checked by broken crests, though it be, has sunshine languishing in each voluptuous trough, whose glintings beacon us on, still on.

And now a happy New Year to all, and as the old one fell asleep in the arms of a returned and bounteous prosperity, let us hope that the present will leave us beyond the reach of adversity.

THE lack of editorial matter and the absence of book notices in this number, is due to the severe illness of Dr. C. S. Briggs.

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NASHVILLE JOURNAL OF MEDICINE AND SURGERY.

SECOND SERIES.

Vol. XXV.

NASHVILLE, TENN., FEB., 1880.

No. 2.

Original Communications.

REPORT OF CASES.

Read before the South-west Kentucky Medical Society, at its Meeting at Eldyville, Ky., on Wednesday, November 1, 1879,

BY JOSEPH W. THOMPSON, M. D., PADUCAH, KY.

On the 15th of April last, I was summoned by Dr. Brothers, of my county, to meet him in the case of Tobe Smith, colored, aged about 35 years. That morning, in a personal encounter, Tobe had been struck with the back part of the eye of a foot-adz, producing a compound, comminuted, depressed fracture of the parietal bone. After carefully examining the wound I decided to trephine it, removing bone more than the width of two fingers in breadth and about two and one-quarter inches in length, I then, with some difficulty, succeeded in raising the depressed portion of bone to its proper level. After carefully washing the wound out, it was dressed in the usual way by bring-

ing the flaps together and supporting it with a carefully applied compress and bandage.

The after treatment was carried out by Dr. Brothers, and during the first three weeks his improvement was all that could be expected, the wound healthy and general condition in every way promising. After that time he gradually grew more feeble, became delirious and in a few days maniacal, his shrieks and yells got to be so hideous, that his wife, who was his only nurse, deserted him, under the superstitious idea that he was possessed of devils. At one time, when Dr. Brothers visited him he found him alone in his cabin with the exception of two faithful dogs, and the door fastened with a chain to prevent him from following his wife. The Judge of the County was notified of his condition and he promptly had him removed to the house of an old colored man in the immediate neighborhood, and arranged to have him taken care of. He continued to rave so violently that the family of the old man became possessed of the same superstitious idea and left their home. The judge then had him removed to the County Hospital at my request. When I first saw him at the hospital, the day after he was placed there, he had a maniacal expression, and every few minutes would rave out, grasping the sides of his head with his hands. There was also complete paralysis of the left side and I concluded that a point of bone, about which I had some doubt, was still pressing on the brain. I directed the nurse to give him freely of sweetmilk and beefsteak, intending the next day to cut down and examine the bone and if it was found to be pressing on the brain, to remove or elevate it. On that day I was feeling indisposed and therefore did not visit him for two days. At this visit there was evident improvement, he was more quiet and the paralysis of the left side of the body seemed to be better. I decided, as the symptoms were more favorable, to attempt no operative procedure, thinking his condition might be the result of anemia from starvation, knowing how he had been neglected. I therefore ordered a continuation of sweetmilk, beefsteak and vegetables,

impressing the nurse with the importance of giving promptly the diet prescribed. He continued to improve and in four weeks left the hospital, his mind restored and with comparative strength of body. He has continued well since, all the while engaged in manual labor.

. This case demonstrates the great importance of nourishment after grave surgical operations. The condition of his brain making him a raving maniac was the result of starvation, and his health was restored and his life saved by a resort to nourishment alone. It seemed as if Providence interposed and caused me to delay further operative procedure for a day, during which time manifestations of improvement were developed with the result as above given. Nourishment only was necessary for the cure. How near I came committing a serious error, though the indications in every way justified operative investigation, will appear from the fact that only my indisposition for a day, prevented. If he had died, the young man who inflicted the blow, would have been indicted for murder, when his death would have been the result of starvation. I thought this case would possess some interest, showing the effect of starvation on the brain, and tend to impress the profession with the importance of nourishment after a grave surgical operation.

Case 2. Charles Dawson, colored, age 17, consulted me for bladder trouble of ten years standing. On sounding, I detected the presence of a stone. After due preparation, on September 12 I performed medio-bilateral lithotomy, removing a carbonate of lime stone, weighing half an ounce. On the seventh day, secondary hemorrhage occurred, the result of a personal rencounter with a negro woman. The hemorrhage was rather gradual for several hours, but in that time he suffered very severely with tenesmus of the bladder, the result of the presence of clots. Some ten hours after the bleeding began, I was summoned to see him immediately, the messenger stating that Charley was bleeding to death. In less than five minutes I reached his room, and there appeared to be a quart of blood in his bed, and he screaming that

he was dying. I immediately introduced my finger into the rectum and pressed the neck of the bladder and membranous portion of the urethra well up under the arch of the pubes, which at once controlled the hemorrhage. I placed him on a table, just at this time Dr. D. A. Maxwell, whom I had sent for to assist me, arrived. Assisted by him, I plugged the wound. A female catheter was passed through the center of a piece of soft domestic which was tied with a thread firmly around it, just above the eye. He suffered so terribly with tenesmus of the bladder that I was induced to inject it with a gallon of ice water, washing out at least half a pint of clots. The catheter was then introduced well up into the neck of the bladder and packed firmly around with pieces of lint saturated with solu. per sul. iron. This manner of plugging wounds to arrest hemorrhage after lithotomy is given in all standard works on surgery, it is therefore unnecessary to make further comment on it in this paper. The hemorrhage was readily controlled. At the expiration of sixty-three hours I removed the tampon, there was no recurrence of the hemorrhage and he gradually regained his health. The peculiarities in this case were the occurrence of secondary hemorrhage as late as the seventh day, it usually coming on immediately after reaction following the operation, and the large collection of coagula in the bladder. Then if I had not used the precaution to wash out the bladder freely with ice water, I would have had to remove the tampon to let out the clotted blood, thereby risking a recurrence of the hemorrhage or septicemia would have resulted from the decomposition of the coagula. This is the only instance of secondary hemorrhage following any of my lithotomy operations, but my success in controlling it in this case satisfies me that by prompt action of the surgeon in like cases, the life of the patient can be saved.

Case 3. Mrs. Y., age about 30 years, was married August 28. The third day after that I was called to see her, and found her much exhausted from flooding. The husband assured me that the flooding immediately followed an attempt at first sexual inter-

course. Despite the usual remedies, giving ergot and applying iced cloths over the hypergastrum, the flow continued very copious. She grew more feeble and I was satisfied that her life would soon be imperilled if the drain was not checked. She became very much alarmed and appealed to me for relief. I then with much difficulty plugged the vagina with pieces of cotton saturated in solu. per sulph. iron. This promptly arrested the hemorrhage. I removed the tampon at the expiration of thirty-six hours and there was no further trouble from flooding. She had never before that time had a spell of flooding, and at her catamenial periods did not tend to be too free. My opinion is, the hemorrhage was due to rupture of an over vascular hymen. I do not find recorded a case of flooding to that extent from rupture of the hymen.

Case 4. John F. H., age seventy-one years, has been a great sufferer for several years with cystitis, the result of enlarged prostate. Has been evacuating the bladder for two years with a Nelaton's soft catheter. Every few weeks he would have severe spells of suffering, with increased difficulty in introducing the catheter. The painful attacks lasted from three to five days, during which his suffering would be almost unbearable. On the 12th of July last, I prescribed twenty drops fl. ext. ergot three times a day. After using the ergot thirty-two days there was a perceptible improvement. He now had to evacuate but one time each night, whereas, before taking the ergot the demands to evacuate the bladder were very frequent. He was also much more comfortable during the day, and his general health was better. On the thirty-second day I increased the ergot to thirty drops, three times a day, and he has continued to take it up to this time. It is true, that he is not well, yet compared with his condition before he began the ergot he is very comfortable. He has had no severe fit of suffering since he has been taking the ergot, but before he began taking it he was subject to those severe spells every few weeks, lasting from three to five days as before stated. There was torpor of the lower bowels,

with obstinate constipation, and free water injections would produce but slight evacuations. He had been using the ergot but a short time when the bowels became regular and have continued so. Causing the lower bowels to evacuate regularly in prostatic enlargements is essential, and of course adds greatly to the comfort of the patient. I am aware that we can base but little claim upon the treatment of a single case, yet the relief obtained in this instance was so marked and so directly connected with the administration of the ergot, that I deem it of sufficient importance to call the attention of the profession to it, that further trial may be given and a just verdict rendered, founded on the crucial test of experience. I can scarcely conceive a greater blessing than the successful non-instrumental treatment of senile prostatic enlargement in feeble old men. It is true, that the use of the soft catheter has accomplished much good in the treatment of this disease, yet its repeated introduction during each day and night, in many cases, is attended with much suffering. My attention was first called to the ergot treatment of prostatic enlargement, by reading an extract from a report on the subject, by the distinguished surgeon, Washington L. Atlee. Dr. Atlee reasoned that as the prostate and uterus are composed of the same kind of tissue, and as there was no doubt as to ergot producing contraction of the uterine fibers, he was therefore induced to try it in cases of prostatic obstruction.

Case 5. Ada B., age 13, since an infant, has been subject to attacks of stomach trouble. The spells have continued to recur at intervals of from two to six weeks. It is seldom that six weeks have elapsed between the attacks. The symptoms are constant nausea and vomiting, with intense thirst and extreme restlessness. The thirst is so intense that she will drink glass after glass of water and immediately eject it. The mother relates to me that she thinks she would drink two buckets of water, if permitted to do so, in twenty-four hours. There is invariably obstinate constipation, and when the bowels are moved, she is generally, though not always, relieved. It seems that certain articles

of diet, such as pickles, onions, cabbage and pork, tend to hasten, if not cause the spells. The attacks last from three to five days and during that time she sleeps but little, eats nothing, all the while hunting and begging for water. But as above stated, immediately after drinking the water, ejects it. For seven years I have been trying every treatment that I could think or read of, or have had suggested to me, but have failed to relieve her. She has passed into the hands of homeopathy and all kinds of pathies, but each time has returned to me unrelieved, and I have so far failed. The marked peculiarity of the case consists in the periodicity of the attacks of nausea, vomiting, thirst and restlessness in one of her age, her health and strength seeming to be unimpaired and her growth and development entirely uninterrupted. Indeed she is remarkably stout and large for her age. The intense thirst appears to me the most remarkable of all, since it is impossible to allay it with water until the attack passes off. I have studied the case with much interest for eight years without finding means of relief, and I would therefore respectfully ask the members of this society for their opinion as to the cause of the trouble and the treatment required. In warm weather the spells are less frequent, and not so severe. Her weight is one hundred and eight pounds.

Case 6. Mrs. W., age 28, has had three confinements. In the first and second labours the children were still-born. I did not attend her in the two first instances, but did in the third, and succeeded in delivering a healthy child weighing eleven pounds. In the first labour, the forceps were used at the expiration of forty hours. The second confinement lasted fifteen hours—the delivery natural. In the third labor I applied the forceps at the end of six hours, and delivered a living child as above stated. In this instance the pains were very severe, and averaging a pain a minute. After two and a half hours the labor made no progress, the head remaining at the same point three and a half hours—due to the narrowness of the anterior-posterior diameter of the pelvis—though the pains were very active and bearing down—

ward. As I was making gentle traction with the forceps, I heard a distinct snap, which I immediately realized as the yielding of the os coccyx. This gave me much uneasiness, but by keeping my patient at perfect rest, on her side, for two weeks she recovered, no unpleasant effects following.

I am satisfied the child was saved by the timely use of the forceps. Had I permitted the labor to continue a few hours longer, the result would have been, as in the two previous confinements, a still-birth. The patient refusing to submit to the forceps operation without being anæsthetised. Dr. J. G. Brooks was called to administer the anæsthetics and approved my course throughout. After the first two labors, her recovery was tardy, the urine having to be drawn off for a week or ten days. After the last, she recovered promptly, it not being necessary to resort to the use of the catheter a single time. The only trouble was sore nipples.

This case illustrates fairly the importance of using the forceps at the proper time, both for the safety of the mother and of the child. I regard it as a well established fact that still-births result mostly from prolonged labor, the continued forcible contraction of the womb destroying the child. In the third labor, nature had accomplished all she could in two and a half hours, the anterior-posterior diameter being so narrow that the head unaided by external force could not descend lower, and therefore the power of the uterine contraction was spent on the foetus, which would in all probability have destroyed its life. I do not float with the forceps tidal wave that now weeps over many of the large cities of the world, nor can I endorse the practice generally adopted by country practitioners of ignoring the use of the forceps. A medium course would be more nearly correct. I regard the forceps as a great blessing when used judiciously and at the proper time. It is unpardonable in a physician to allow a woman to linger in active and dangerous labor from fifteen to twenty hours before relieving her with the forceps.

*VERATRUM VERIDE IN PNEUMONIA.

BY JOHN P. MCFARLAND, M. D., NASHVILLE, TENN.

GENTLEMEN—It will possibly surprise some of you that I begin this paper with the assertion that the use of veratrum veride in the treatment of pneumonia is hurtful.

“Health consists of a balance betwixted the various parts of the organism in power as well as in function.” The nearest approach to, or the greatest variance from a balance, is the nearest approximation to perfect health, or on the other hand, the furthest from health.

Compensatory action in organs, the one for the other, is the greatest lever in the hand of nature to restore by her own power disease to health, or to at least maintain life while restoration is being brought about. The respiration is but a part of the circulatory system. The lungs are the fan mills for the blood, and if we could by some means, impossible to be attained, or even dreamed of by the human mind, supply the oxygen and decarbonize the blood otherwise than by their use, we would have but little further use for them in the animal economy. The lungs being the fan mills the heart is the feeder, and puts the blood through them, that they may remove the elements in it which are hurtful to the system and prejudiced to health. A perfect equilibrium between them, as to the demand and supply, in relation to the amount of air that comes in contact to the supply of blood, is a perfect harmony in this system, and therefore a balance. A full, regular, free respiration has accompanying it, a steady, even, regular heart's action or pulse. One of the earliest signs of tu-

*Read before the Davidson County Medical Society Nashville, Tenn., December 13, 1879.

berculosis is the frequent heart's action, for the reason, that possibly before we can detect the slightest alteration in the living substance it has already lost its elasticity, to an extent, and nature has found out that the air supply is not as great as it should be; and so to maintain a sufficient oxygenation of all the blood the heart furnishes it more rapidly, and thus compensates for the lack of lung work. In a case of pure spasmodic asthma we find for the same cause an increased heart's action, tie a cord around your neck and constrict the trachea, and you will find in a moment the heart's action increasing. These are all facts well known, and certainly it is as well known that the increased action of the heart in these last instances cannot be from inflammatory action or increased body heat. There are many theories of inflammation, and definitions as to just what constitutes an inflammation, but all agree that at one time or another in its course there is a slowing of the circulation through an inflamed part, and a clogging up of the vessels. All also agree in the fact, that the treatment which will best promote the flow of the blood through the inflamed part, will most speedily produce a healthy resolution in the diseased part.

Again, all agree that the *vis-a-tergo*, with the impulse of the heart and larger arteries is the principal cause of the flow of the blood, and were that cut off from any part inflamed, it would be impossible to bring about resolution, or health in any way, short of a suppurative process.

Veratrum veride, when administered in full doses, produces effects that are certainly far from pleasant, or that would be conducive to the comfort or well being of any patient, such as faintness, dimness of sight, dilatation of the pupils, vertigo, headache, impaired muscular action, pale, cold skin, covered with clammy sweat, vomiting, coma, and a *small infrequent and generally feeble* pulse, etc. The reports made of the drug by its strongest friends are very unsatisfactory and conflicting. They have claimed for it all the virtues that was ever claimed for a quack nostrum. It is everything from an alterative to an emnunaogue,

from an expectorant to a discutient; but then its friends become wonderfully contradictory of each other.

Dr. Norwood has it as an expectorant-diaphoretic, with a "powerful effect on the liver," while Dr. Bærsther "never observed any influence on the glandular system" exerted by it. One will say that it has a decided cathartic effect. Another, that it has not the slightest laxative effect.

Dr. Osgood says the medicine is advantageously used in pneumonia, except in "low typhoid cases," a good substitute for the lancet.

Dr. Branch maintains that it is best adapted to asthenic disease, and that it is "a great mistake" to regard it as a substitute for the lancet. The one ever present and never disputed effect that it has, is its effect on the heart. That it lessens the number of beats to the minute of the pulse, and that it has the effect of impairing the power of the muscular system, is also one of its earliest effects. It is possible that it is through this system that it so effectually controls the heart's action, and this powerful muscle is, to an extent, paralyzed. Outside of these effects, I am unable to find that it has any other, with any certainty. Giving equal credit to each of its friends for truthfulness, as well as for power and opportunity of observing the action of the drug, then we for all else, save these, are forced to render a Scotch verdict, of "not proven." The use of this drug is hurtful in the treatment of pneumonia, because, first, it interferes with that balance which nature tries to maintain; second, because it, to a great extent, destroys the power of the circulation, and thereby delaying a rapid and decided resolution; third, it impairs the power of the muscular system, and therefore the muscular fibres of the air cells and minute bronchi are crippled, and the lung loses its power and elasticity, and thus we have an accumulation of sputa within them, by its very weight, and the irritation of its presence further increases the inflamed spot and impedes the free entrance of air then so much needed. A part of one or both lungs becomes inflamed. The respiration becomes hurried, partly

because of pain, partly because there is an increased demand for air being inspired more frequently, because it has less surface to which it may be applied. The heart's action becomes more frequent, for the reason that nature is making an effort to, by the rapidity with which it is now supplying the blood, compensate for the lessened healthy lung on which it has to depend for oxygenation. Say, for instance, one-third of the capacity of the lungs is lost, therefore the blood must be circulated one-third faster, so that all of the blood in its more rapid changes may be properly oxygenated, we become alarmed at a fast pulse, and wisely conclude if we will slower that, we will accomplish wonders. So we give *veratrum veride*. Stick our "head in the sand" and think we have hidden our whole body, when, indeed, we have rendered our condition worse. We have interfered with the great compensatory action of nature, and our patient must take the chances on carbonization of the blood—a loss of lung power—a clogging of the blood in the inflamed part, and death by failure of the heart's action, for the reason that the blood being impure and changed in quality, ceases to be a proper stimulant to the heart. This carbonization is brought about in two ways, the lung power is lost, and the respiration, though possibly slower, is rendered more labored, and air in sufficient quantities is not respired, while the heart is grasped, as if by a powerful hand, and the blood is circulated so slowly through the lung, of impaired capacity, that it is not changed frequently enough to have it *purified*.

I see in a late number of the *Med. and Surg. Reporter*, Dr. Edward H. Sholl, of Gainsville, Ala., has found out that *veratrum veride* will not do in the treatment of any disease in the negro, except in puerperal disease, because "post-mortem examinations definitely proving the lung of the negro to have but two-thirds of the capacity of the lung of the white man of same weight and height." Yet he is a strong advocate of the drug in diseases of the air passages and lungs in the white. It is strange that he has not found out that the drug is unsafe when we have an im-

paired lung capacity—whether it be from disease or race, or sex, or any other cause. It is hurtful, because it weakens the *vis-a-tergo*, and thereby to maintain a free circulation through the inflamed part and its neighborhood is rendered more difficult and prompt resolution is almost an impossible result, but the hurt to be expected is hepatization, or from parenchymatous inflammation. It being undoubted good practice, in this inflammation, as in any other, to maintain an equable flow of blood through the part—the lung having by disease, as well as by the effect of the drug, lost much of its elasticity, and then, added to this, the power of the heart's action being largely decreased, the *vis-a-tergo* diminished, where are you to look for aid in keeping up a free flow? Its result must be as just stated. To come to my individual experience, in the treatment of this disease and the use of this drug, though it is not as extended as that of many of you, yet it is by no manner of means a limited one. To more fully, in one instance, tell the whole story let us use an hypothetical case, for my observation has been about the same in every case—whether seen in the patients of my friends, or in my own. We have a patient attacked to-day, and, on seeing him, find a pulse of 120, a respiration 30, temperature 104, pain great, skin dry, crepetant rales well marked over the lower two-thirds of the right lung, the condition of the blood good, as is shown by the flush on the face, being of a clear, bright color, eye bright, mind clear, and a perfect and full understanding of everything taking place around him—breathing fast, but regular, and without an effort but for the pain that the motion causes. Twenty-four hours after we see him again. We have done wonders, the pulse is now only about 80, but let us look further, the respiration is perhaps a little slower than before, but is it as full? It is not, and it is accomplished with more effort on his part. He seems to breath with a voluntary effort. The evidences of continued inflammation, are as positive as before, with the addition of large moist rales in the bronchi, or evidences that the bronchi are loaded with sputa. He is restless, as from some unknown cause. The eye is heavy. The flush on

the cheek instead of being of a bright, clear hue, is of a dirty, dusky cast, there is a lack of proper intellection, because the impurities that have been left in the blood are beginning to be felt by the brain, and showing a toxic influence. Twenty-four hours more of this treatment and these last-named symptoms are increased. The temperature remaining about the same from the first, (unless brought down by some other drug,) and so on from day to day, until the disease, by its self-limitation, claimed for it by Flint and some others of the most eminent medical men of the land begins to subside, then in spite of the drug the patient improves, but slowly, and the lung clears up slowly or remains in a hepatized condition. The physician gaining much credit, having relieved a most severe attack. It is claimed by some of its strongest friends as being specially adapted to typhoid conditions. In a pneumonia, attended with a typhoid condition of the system, I consider it the most damaging of any, if such a thing is possible. By its effects, loading the blood with additional impurities, and from its effect on the muscular system weakening the power of the already feeble heart, and adding to the chances of death by failure of the heart's action. The only reason, in my opinion, that any of this class of cases escape death under this treatment is, that luckily there is in them, generally, but a small part of the lung involved. I at one time considered it a good and safe substitute for the lancet, but was soon convinced that if we could not do without the lancet, unless we use this drug, we had better use it, and take the blood out of the circulation, than to leave its whole volume there to be rendered impure and unfit for use, by loading it with impurities, and then making the very life of the body its greatest source of danger. It might possibly be used to some advantage in the very earliest flux of blood to a part, that was to be inflamed, if we could see a case so early, or if seeing it we could definitely conclude it was going to be a pneumonia, but these are difficulties very rarely overcome by the physician.

I know that I have not said the half that "might be told" on

this subject, but if this serves as a suggestive paper, and should put even one mind more able to make clear these points than my own to work, then more than my object will have been attained.

After studying other effects of *veratrum viride*, as observed by myself carefully, as they are claimed by its warmest friends, in every condition in which it may be used, where the lung capacity has been diminished, I close, as I begun, with the broad assertion, that the use of *veratrum viride* in the treatment of pneumonia is hurtful.

LAPAROTOMY FOR INTUSSUSCEPTION.

BY D. PYLE, M. D., COFFEE COUNTY, TENN.

I was called July 24, 1878, to see Mr. W. T. B., a young man 27 years of age, and found him suffering intense pain in the epigastric region. I learned, on inquiry, that he had been attacked the day previous with pain followed by incessant vomiting, which had continued unabated until I saw him. I at once commenced the administration of minute portions of calomel, given at intervals of every five minutes and applied counter-irritants to the epigastrium, using copious enemata all the time. In four hours all the gastric irritation was allayed. I then prescribed the following:

R̄ Magnesia Sulph.....ʒiv.

Aquæ Distillʒiv.

S.—Wineglassful every hour.

At 12 o'clock, midnight, he had taken and retained it all with no action of the bowels. I then gave one ounce of castor oil, which was retained with no effect. I then repeated the first prescription, after which the vomiting returned and increased. I then felt satisfied that I had to deal with a case of intussusception of the bowels, and advised Mr. B. to call in counsel.

Dr. Hough, of Manchester, being summoned in consultation, at once confirmed my diagnosis. We at once, during that afternoon and evening, addressed ourselves to palliative measures and ordered two drops of croton oil, which was taken without effect. Friday morning we explained to the patient and his friends his condition, directing that if they concluded to have the operation performed, to telegraph to Nashville for Dr. W. T. Briggs. Dr. Hough, however, expressed a preference for the expectant plan. After some delay, a letter was written to Dr. Briggs asking his advice as to the propriety of an operation, the train being behind time, Dr. Briggs failed to receive the letter until Sunday, when

he promptly replied that if the attending physicians had decided upon an operation, he would come if notified, which was done Monday night. Dr. Briggs arrived Tuesday afternoon, and performed the operation very dexterously. During that night and the following day I kept the patient quiet by giving opium by the rectum and by the mouth. In the evening of Wednesday, vomiting of stercoraceous matter set in. The bowels not having moved up to Friday, August 3. I used copious enemata and succeeded in breaking up a portion of hard fœces when the stercoraceous vomiting ceased. The abdomen beginning to distend and peritonitis evidently supervening, I applied blisters all over the abdomen and ordered the following :

R Hydrarg Chlor. Mit.....grs. xvj.
 Morphia Sulph.....gr. j.
 M. ft. chart. No. viij.

S.—One every two hours until 6, and take one Monday night. On August 6th, the bowels not having been thoroughly evacuated, I adjusted a gum catheter to the beak of my syringe and succeeded in throwing three quarts of water fourteen inches up the rectum, and beyond the sigmoid flexure of the colon. After this, he voided large quantities of fœcal matter, of the consistence and color of putty. I then ordered three portions of calomel, three grains each, to be taken every three hours. Tuesday, August 7, I gave him a portion of castor oil, and that afternoon two more. After the attack and one week after the operation, we secured a thorough evacuation of the bowels. Friday, August 10, I removed the sutures. On Sunday following, he had rigors, followed by fever. I put him on calomel followed by sulphate of cinchonidia. All this time the upper portion of the bowels were paralyzed and move with difficulty. Evacuated with enemata of large quantities of water thrown beyond the sigmoid flexure. Finally, September 10, I prescribed elix. calisaya, iron, bismuth and strychnia three times a day, after which he had no more trouble, but his amendment was constant and steady, and he is to-day, December 9, 1878, sound and well.

Selected Articles.

**THE CURE OF CONSUMPTION, BY THE SALISBURY
METHOD OF DIET—THE MEAT DIET.**

Over 75,00 people die every year from this disease alone in the United States. The one thing to be noticed in the study of the statistics of consumption is, that climate has not so much to do with it, as has the method of feeding of those who suffer from it.

New England baked beans have been the cause of more disease than has the severity of its climate.

Consumption is hereditary, just as a father's spectacles or cane may be. If one accepts and chooses to wear the spectacles and walk with the cane, they are hereditary, and pass from father to son, but not otherwise. Whatever way one may live, the children will be likely to follow; and if the diet of the parents was food likely to ferment—such as fruits, vegetables, etc.—the children will follow in the same manner of eating. The principal thing needed is to change the diet, and regulate it according to the requirements of the patient's system. One may be predisposed to consumption in the sense that they have been accustomed to a diet that will, if persisted in, cause that disease; but it is within the power of every one to rid themselves of this predisposition by avoiding the cause. Consumption is not, like some other diseases, entailed upon us, only the conditions are, in a secondary sense; and a child born of a consumptive mother has no more liability to this disease, than one whose mother died of old age, provided the child will live in accordance with the requirements of health. The child's blood may have more or less of yeast, or

fungoid growth in it; but live aright, and this yeast will die out, because the blood is no longer a fit soil for it to grow in. This yeast being removed, there remains no more tendency on the part of a child born of consumptive parents to consumption, than there is in any other person.

On the other hand, a strong, well man, born of healthy, long-lived parents, will develop consumption if he eats exclusively or too freely of food now known to cause it.

A great point is gained when we satisfy the patient that his case is not necessarily fatal because the parents died of this disease; and that it need never be fatal if properly treated.

As to how low one may get and recover, depends upon individual cases, and can be determined only by time. The writer can only refer to cases, and let the facts speak for themselves. If there has been no organic lesion—no absolute breaking down of some vitally important organ of the body, then one may reasonably hope to recover. Cases are not uncommon of people living with one lung only being in a serviceable condition, and that lung developed to twice its normal size, because doing double duty.

Of all places, the *extreme* South is no place for a consumptive. In a dry atmosphere, the food ferments less actively, and the atmosphere, because of its rarity, has a tendency to cause expansion of the lungs; but in warm or damp atmosphere this fermentation goes on much more rapidly.

The great benefit derived by some invalids who go to the *extreme* South comes from the fact that the climate is such that one can be out of doors much of the time; and this being in the open air is of itself beneficial. But of seven consumptives who boarded at the same house with the writer, while in Florida, and who depended upon climate and medicine to cure them, while still eating freely of fruits and vegetables, five are known to the writer to have since died; of the other two their fate or present whereabouts is unknown. In a tropical climate, the abundance of fruit and vegetables are most to be feared as offering tempting oppor-

tunities for excessive eating. Then the days are warm, and the nights cool, which bring too marked a change in the twenty-four hours, to insure exemption from colds.

[After fully relating his own case—he had suffered for several years, been subject to all sorts of treatment, and become greatly reduced in weight and strength, with partial paralysis, impairment of mind, night sweats and swelling of feet and legs—the writer continues:]

The cause of all my trouble was in eating too freely of food likely to ferment in the stomach. My diet had been largely of fruit and vegetables, often making a meal from fruit alone in its season. Prunes were an especial favorite with me the year round. The reverse of this was to follow a diet of meat exclusively, by which the defective alimentation becomes improved, the digestion improves, and more perfect assimilation takes place. This is followed by increased appetite and more healthy secretions.

I cannot better illustrate this method of treatment, which is known as the "Salisbury Diet Method of Cure," than to give the directions followed in my own case. One hour (not less) before each meal, and on retiring at night, I drank one-half pint of hot (not warm) water. This was to wash out the stomach and bowels, and remove the yeast which was in them. This alone is an excellent appetizer, and does more good than all the medicine one can take. Since all food which would ferment was forbidden, it was left for meat alone to be the food, and nothing can be more easily digested, or give more strength than meat. The principal food is broiled steaks; but chicken broiled, oysters broiled, or raw, with lemon juice instead of vinegar, salt and pepper to taste. One mouthful of bread or broiled rice to six of meat, and a cup of tea or coffee without sugar or milk may be taken. Wild game can be used if desired for a change; but for steady eating, lean, broiled steak will be found the most desirable and most readily obtained. The round steak is preferred, because of its juiciness; and if taken from the third to the sixth cut will be the most nutritious of any.

The method of preparing beef is as follows, and is the result of two years experience of the writer's wife in broiling meat: First, trim off all the fat, then cut out the bone and all the large fibres and strings; then chop fine as for sausage meat. Next, with a knife and fork, go over it again and remove all the little fibres that may have escaped notice before, and it is then ready for shaping. The meat is now almost a paste, and can be made into steaks of any size, or formed in a plate into one large piece to cover the broiler, which, when cooked on one side, can be turned by covering with the plate and reversing both plate and broiler, taking care to save the gravy. Butter, salt and pepper to taste after being cooked—not before—as it hardens the meat. A change can be made to porter-house or tender-loin steak if desired—not chopped, but trimmed of all fat. A roast of beef, lamb roast (trimmed of all fat) and dried beef can be eaten sparingly after awhile; but for steady eating, broiled steak will be found the best. Lamb and chicken should be avoided if there is a tendency to diarrhoea; and in cases of excessive diarrhoea, stop the hot water for a few times, and substitute a glass of boiled milk, made black with pepper.

On retiring, take a bath of hot water, in which has been put a tablespoonful of ammonia, and finish with a brisk rubbing.

This is the treatment as followed in my own case, and is the one to be followed in most cases, with but slight modifications, according to individual needs.

At first it may seem hard to sit down to a table filled with the delicacies of the season and eat only meat, with perhaps a few mouthfuls of bread or rice. But if this diet be strictly adhered to for a few days, the desire for other things will be found to be less and less each day, and soon cease to be any temptation. A good resolution is necessary, but a good resolution is nothing if not carried out. It is a good starting point, but a poor terminus.

In the general method of examination by auscultation with the stethoscope, etc., the patient may be, and in fact generally does,

progress into the second year of the disease before it is detected; while by the more scientific and surer method of microscopical examination of the blood, the first indications of the disease can be detected; and thus the physician will be enabled to remove the cause, and ward off entirely what would otherwise terminate in a long sickness, if not ultimately result in death.

The cause of this disease, as has been said, is a fungoid or vegetable growth in the blood. If a drop of the blood be examined under the microscope, it will be found to be filled with this vegetable growth, which looks like the spores of baker's yeast. This abnormal growth lives upon and floats in the blood, reducing the number of red corpuscles, and causing the blood to become watery, and depriving it of the life-giving qualities. The stomach of one in this condition is little else than an yeast pot. All that is taken into the stomach ferments, causing carbonic acid gas to generate. This rises mainly to the cavity of the left side of the stomach—this being the highest point—and paralyses the muscles, and so interferes with the action of the heart, lungs and vocal cords as to cause loss of voice, and often partial paralysis of the legs, as in my own case. The drinking of hot water washes out the yeast which is in the stomach and bowels, and thus serves to give increased appetite. If nothing but lean meats are now taken, this stomach fermentation phase of the disease will soon disappear. There will be no more pain from wind or gas in the alimentary canal, and no heart-burn, nor loss of voice, nor disagreeable eructations.

Another feature of this system of treatment is, that the patient himself is to do the work, and not leave all to the physician. This employs the mind and makes one thoughtful and more observing; and moderate regular daily exercise relieves the monotony of the sick room.

Any gentle exercise which is not too exhausting, and which has a tendency to expand the chest, will be found to be of value. A gentle drilling with light dumb-bells, or some equivalent weight is good, taking care to throw the head well back of the

perpendicular, and going through all motions with the lungs inflated to the fullest extent. Make a practice of breathing to the full capacity of the lungs often throughout the day, beginning with ten deep-drawn breaths, then resting and repeating and increasing the number with the ability to do so without tiring. If one is very low or weak, as brisk a rubbing by another as can be borne will be found an excellent substitute for any better form of exercise; and whisky or New England rum may be used, which is found to impart much increased vitality.

In extremely low cases, avoid all excitement, using the care necessary in any sick room. Where one can eat but a small quantity of meat at a time, begin with five meals a day, served hot, and never hurry mastication. In case of five meals a day, of course the hot water need not be taken any oftener than when three meals are given. Mustard drafts, flannels wrung out of hot water, red pepper sprinkled upon the wet flannel and hops dipped in hot water, with other simple remedies, may be used to advantage as required. Salt, and most kinds of spices can be used, while lemon juice should take the place altogether of vinegar. One may begin by eating one-half of a lemon, and if this is found to agree, increase the quantity gradually until a whole one is eaten every day.

The whole diet consists in food that will not ferment, to the entire exclusion of all kinds of fruits and vegetables, sweets and sours (excepting lemon), and all food that will ferment in the stomach. For a relish on the meat, Halford's, or the imported Lea & Perrin's Worcestershire sauce may be used as freely as desired.

This method has long ceased to be a matter of experiment. It is a reasonable one, scientifically correct; and experience has proved it to be successful. Not only can consumption be cured by this method of diet, but an opposite one, if persisted in, will reduce a strong, well person in less than one month to a dangerous condition of consumption of the bowels; and if more time is taken, to pulmonary consumption.

[Here follows a recital of seventeen cases, all recovering under this plan of treatment. We will give but one:]

CASE 17.—The writer's own case has been a very marked one. He began treatment by eating one-half pound of meat per day; increased to eight pounds per day, which was kept up for several weeks. In two months from beginning treatment, he was well enough to go back to business, and has ever since been attending to it without any farther trouble. His flesh hardened right up, and his muscle increased to a remarkable extent. He is eating now two and a half to three pounds of meat per day. Chest measure at beginning of treatment, contracted $27\frac{1}{4}$ inches; inflated $28\frac{1}{4}$; chest measure to date, Aug. 5, 1879, contracted 32 inches; inflated $34\frac{1}{4}$. Weight 129 pounds, with not so much increase in fat as in blood and muscle. He has not tried to see how much in dead weight he could lift, but he has lifted within the last week, with ease, 400 pounds. The muscles in the calves of his legs have increased one-half inch in the last month. He is now feeling perfectly well every day, with more life and spring in him than for years previous to his sickness.—*Norton, in the Virginia Med. Monthly*, Oct., 1879.

VIBURNUM PRUNIFOLIUM IN ABORTION AND MISCARRIAGE.

It is estimated that every hundred mothers of the average age of thirty years, thirty-seven of them have aborted one or more times, and probably a large proportion also have been threatened with this accident, who have escaped its actual accomplishment. When such an event is impending, if we could always ascertain satisfactorily that the ovum is so far detached from the uterine walls as to lead to its death from want of proper circulation, or that it is already blighted, the plan would be to encourage its expulsion. But this vexed question is difficult of solution, and as a rule of practice, we endeavor to save the foetus, unless it is engaged in the os uteri, and its movements previously existing, have for several days ceased to be felt, and the foetal heart can no longer be heard. The hemorrhage is the most alarming symptom, and is more dangerous from its quantity, than from the length of time which it continues. But the amount and duration of hemorrhage which will destroy the foetus vary largely in different cases—the dilatation of the os, and its softened or rigid condition offer the same discrepancies—so also with the degree of mental disturbance or grade of fever. The hemorrhage is most frequent in the earlier months, as far as the third or fourth month, and the generally accepted explanation of this is, that it is due to the structure of the placenta, “the decidua being thick and largely developed, and the lobes of the placenta being held together by plastic matter; while, in the latter months, the lobes of the placenta spread themselves out over the uterine surface, and when contraction of the walls occurs, it merely compresses the lobes nearer together, without detaching the placenta or breaking up its vascular connections.” The recital of a few cases, in which viburnum prunifolium has been used to avert abortion and mis-

carriage, may tend to strengthen the growing confidence of the profession in its value of this drug.

Mrs. —, aged 21 years; married eight months. Had been in good health, but was now enfeebled by the continued nausea and vomiting of pregnancy. Was called to see her July 13th. She was in the twelfth week of pregnancy; had awakened in the morning with slight hemorrhage, which increased as the day advanced, with pains in the back, hypogastrium, and down the limbs. Used cold astringent applications to the vulva and gave one grain doses of opium and acetate of lead every hour. After three doses, there being no change for the better, she took teaspoonful doses of fl. ext. viburnum every one or two hours, which soon checked pains and hemorrhage. Slight returns occurred at long intervals, until the 18th, when they disappeared.

On the 23d, hemorrhage of great quantity reappeared, requiring tampon, and repetition of viburnum. Upon removal of tampon, one day later, a fibrinous mass, the size of half a walnut was found in the mouth of the uterus, which proved to be a clot of blood. All of the discharges were carefully examined, and as the foetus at the twelfth week would be five or six inches long and weigh about one quarter of a pound, there was no possibility of error in detecting if it had escaped. She soon regained her strength and rode thirty-five miles to visit some relations. The month of August passed without any symptoms of trouble, but in September it was reported to me, that she menstruated, the breasts had shrunk, and abdomen diminished in size; and the case will probably terminate sooner or later in the discharge of a mole.

Mrs. —, aged 21 years; married eighteen months. Had aborted twice at 8th and 9th weeks. August 13th, is again in the 9th week of pregnancy, and symptoms of abortion setting in, she was relieved by three or four doses of viburnum. In the 12th week, same symptoms relieved in same way. In 16th week, the time corresponding with fourth menstrual epoch, she was advised to take the medicine in anticipation of possible trouble, and it

passed over without any return. She is now in the 22d week, and doing well.

Mrs. —, aged 32 years; sixth pregnancy. Has never before carried a child to full term, and only once as far as the end of eighth month. On march 18th, in the 20th week of pregnancy, symptoms of abortion developed. She had of her own responsibility taken four one-grain opium pills and made anodyne applications, which failing to check the trouble, she was advised to take teaspoonful doses of fl. ext. viburnum which soon afforded the desired relief.

April 23d. A distressing gastric catarrh attacked her, by which she was tried severely. During its continuance of several weeks, the violent retching and vomiting frequently developed uterine pains and contraction, and on one occasion very considerable dilatation of the os. In each instance, she would resort to the viburnum, which always relieved her, and on July 20th she was delivered of a large, healthy boy. The quantity of amniotic fluid discharged at delivery was very large, running from the bedside and had to be caught in a bucket. From beginning to end, this patient took about 4 oz. fl. ext. viburnum.

Mrs. —, aged 35 years; seven children at term and five abortions. On July 14th, in ninth month of pregnancy, uterine pains set in about 10 o'clock in the morning and increased in force and frequency during the day, notwithstanding the repeated doses of opium and hop applications to the abdomen, which her previous experience had taught her to use under similar circumstances. Was called to see her at 8 p. m. She then thought the result inevitable and had made all arrangements for her delivery. The soft, pulpy os was dilated to the size of a silver half dollar, the foetal head within easy reach and the membranes engaged in the os. She was advised against her convictions, as she thought it useless to take the viburnum. One dose was given and repeated in one hour, the pains began to subside and a third dose checked them entirely. She completed her term without farther accident, only once again needing a single dose of the medicine,

and on August 12th was delivered of a healthy girl. In this case also, the quantity of the fluid was above the average.

Mrs. —, aged 26 years; aborted in first pregnancy at three months in January, 1878. In the 20th week of pregnancy, in January, 1879, had symptoms of abortion, which yielded to opium, chloral and anodyne applications. Subsequently, she suffered greatly with gastric catarrh, and on March 22d, when called again to see her, she had been in regular pain for six hours, and as in preceding case, was so confident that she would miscarry, that she had made preparations for that result. The os was not quite so largely dilated, but otherwise the same as in preceding case. It yielded to four doses of viburnum, and she had only occasionally to resort to the remedy during the remaining time, until May 2d, when she was happily delivered. The fluid in this case was normal in quantity, but she had adherent placenta.

Mrs. —, aged 20 years; in last month of first pregnancy, living 12 miles in the country. I was requested to prescribe for her on October 18th. She had not slept for 36 hours; had had a slight convulsion at noon, and another at midnight before the medicine reached her, and another two hours later. She was given 20 grs. doses of bromide potash and 10 grs. doses of chloral. Saw her at noon of the next day. She was conscious, but had agonizing pain in the head, and as yet, no sleep. Bled her freely, which relieved the pain of head, and also the uterine contractions, which had existed for several hours. Repeated bromide and chloral doses, which failed to produce sleep, and at 4 p. m., uterine pains again set in. There was but little dilatation of the os, and she was given four doses of viburnum at one hour's intervals, which checked the contractions and she soon fell asleep. During the remaining thirteen days of her pregnancy, she took two ozs. fl. ext. viburnum, and on November 1st completed her term, and was delivered without accident or complication.

Viburnum belongs to the neurotic class of medicines, which Headland defines as "passing from the blood to the nerves or nerve centres, and acting by contact with the nerve; and are gen-

eral or special in their effect." It is suggested as a possible cause of this different effect, that there "may be a chemical or mechanical difference in the structure of the nerves." Dr. Pareira thinks that "they act as ganglionics, and affect that of the system, supplied by the sympathetic nerve." Ergot is the opposite to viburnum in its influence on the special nerves of the uterus; the former acting as a stimulant, the latter as a sedative. The action of the uterus under chloroform shows that it is controlled by both reflex and ganglionic nerves, and that it is only the operation of the former, which is suspended whilst that of the latter goes on uninterruptedly, and labor proceeds as regularly as though the process depended exclusively on the ganglionic nerves. It is on the ganglionic nerves of the uterus that viburnum appears to act, for it impresses and promptly suspends the contractions. Its action also seems special, for its effect on the general nervous system is slight, and only noticeable in the more quiet and composed manner of the patient, which may be its indirect result by suspending uterine pain and contraction.

So also in its influence on hemorrhage which may be relieved by checking the contraction, and thereby preventing farther detachment of the placenta. Respiration and digestion are not appreciably influenced by it, and I observed but one instance, in which the circulation was affected; after the fifth dose the pulse fell from 90 to 60 beats. The medicine may be extended in its application to the congested and neuralgic forms of dysmenorrhœa, and in my hands has proved an admirable remedy.

There are, doubtless, other conditions, to which a more enlarged experience will prove its adaptability, and its usefulness may become as varied and valuable as is ergot, which at no very remote date was viewed only as an oxytocic, and now has a range of application as wide as almost any remedy of ordinary use.

Extracts from Home and Foreign Journals.

SURGICAL.

ACUTE ORCHITIS TREATED WITH ROLLER BANDAGES.

Gonorrhœal orchitis is so common an affection and one attended with so much pain that any treatment that allays the pain should be considered a boon by the profession. It is well known that when treated with fomentations and poultices, hot or cold, leeching, etc., the subsidence of the tumefaction is very slow and the suffering of the patient correspondingly great. The pain is evidently occasioned by the destention to which the tissues are subjected, and can therefore be relieved only by lessening or overcoming this tension more or less completely. The object of this paper is not to pass in review the various plans of treatment proposed, and more or less generally practiced, but simply to direct attention to what I conceive to be the *best* plan. Compression in some way or other in the treatment of orchitis is not new, but is more or less effectual according to the way in which it is done. If attempted by means of adhesive plaster the inconvenience of its use more than counterbalances its advantages. The scrotum must be shaved (no easy matter), and the plaster taken off and replaced at least once a day. This is quite painful in consequence of the chafing and pulling of the skin. The roller bandage is not amenable to any of these objections. The writer provides a bandage of bleached shirting an inch wide and four yards long, which is to be imbued with starch just before being applied. The patient lying upon his back, with his knees separated, the surgeon should seize the affected gland with the left hand in such a way that the neck of the tumor will be firmly encircled by the thumb and index finger. This puts the skin of the scrotum on the stretch and allows the roller bandage to be passed around the neck of the tumor three or four times and then

over the tumor itself, in such a manner as to affect its uniform compression. This procedure must necessarily be left to the skill of the surgeon. As soon as the bandaging has been completed, the patient will express himself as completely relieved from pain. The patient should be kept in bed, and if possible, have the bandage re-applied morning and night, as it will usually be then very loose in consequence of the subsidence of the tumefaction. No other treatment is needed, and in a few days the swelling will be entirely removed, but the bandage should be continued a little longer in order to prevent a relapse.

The simplicity and efficacy of this plan of treatment should recommend it to the general practitioner.—L. A. Dugas, in *New Orleans Medical and Surgical Journal*.

NEW METHOD OF PLUGGING THE POSTERIOR NARES.

Probably the best device for this operation consists of a piece of round, fine-linked, gold chain, slightly flexible and smooth, about one-tenth of an inch in diameter and an inch or more long, attached by one end to a fine waxed silk cord, a foot or more long. If such a chain is not procurable, a short string of metallic cylindrical beads, or bird shot compressed on a cord, or small strips of sheet lead wrapped on a cord, might answer the purpose, the essential qualities of a nasal gravitator being smallness, smoothness, heft and slight flexibility. After providing an instrument, which can generally be done at any farm house, the patient is then laid upon the back, the floor of the nose brought as nearly vertical as may be, and the loaded end of the gravitator lowered into the pharynx. Its arrival there will generally be announced by coughing, retching or clearing up of the throat. The patient then being brought to an erect position easily hawks up the weight and carries it forward on the tongue, when the operation of plugging may be proceeded with as usual.

The practicability of this procedure I have had occasion to demonstrate frequently, and find it much less annoying to the patient than Bellocq's sound or other unyieldy instruments.—Dr. J. M. Spear, in *Med. and Surg. Reporter*.—*Ohio Med. Rec.*

HYPODERMIC INJECTION OF MORPHIA IN EPIDIDYMITIS.

Dr. Z. C. McElroy, of Zanesville, Ohio, in a short communication to the *St. Louis Med. and Surg. Jour.*, says he has used these injections for several years, with the very best of results. He injects about half a grain under the skin of the scrotum, and in the course of twenty-four hours he has invariably found all pain, swelling and soreness gone. Constitutional treatment is at the same time instituted, to get rid of the cause and prevent a relapse. No cases have been treated by him save those of urethral origin.—*Ohio Med. Rec.*

GUN-SHOT INJURY OF THE ELBOW-JOINT.

R. W. P—, aged twenty-five, entered the Massachusetts General Hospital three hours after receiving a charge of shot in the joint from the explosion of a gun four feet distant. The joint was torn open, the head of the radius and the external condyle of the humerus were comminuted, while the soft parts on the outer side of the joint were lacerated, blackened, and charged with shot and small pieces of bone. The wound was thoroughly carbolyzed, and the joint completely excised, the fragments of bone, shot and loose shreds of muscle and skin having been removed. Sutures were not used, as the contusion to which the parts had been subjected made the probability of considerable swelling a strong one. A Lister dressing was applied, and the limb placed upon an internal angular splint. Considerable sloughing of the soft parts followed, but at the end of the first two weeks presented a bright granulating surface four inches long by five inches broad. One month after the injury, gentle passive motion was employed, and in five weeks the patient was up and about. Discharged well two months and a half after entering the hospital. Now, he can use the arm, hand and fingers as well as he can those of the other limb, and is working at his trade, that of a machinist, from morning until night.—H. A. Beach in *Boston Med. and Sur. Journal*.

**FRACTURES OF THE CLAVICLE TREATED WITH A SLING BAND-
AGE AND WITHOUT AXILLARY PAD.**

There is no fracture for the treatment of which so many plans have been devised as that of the clavicle, and yet it is, of all fractures, that which is most easily, and I may say, successfully managed. The complicated system of bandaging with axillary pad, proposed by Desault, was in vogue for a long time, and has been gradually superseded by simpler means of various degrees of merit. The writer was among the first who took a stand against the axillary pad as not only absurd, but positively injurious. Its pressure upon the nerves and blood vessels of the arm, whenever applied so firmly as to accomplish the purpose in view, must always render it intolerable and consequently impracticable. The patient will not rest until he has relieved himself from the pressure of the axillary pad, and therefore made the whole apparatus worthless. Hence it is that any plan of treatment which includes the axillary pad must fail to accomplish the desired result. One trial of Desault's apparatus by the writer in the early days of his professional career satisfied him of its defects, and led him to devise a plan by which the shoulder might be forced upwards, backwards and outwards, and maintained in that position without serious inconvenience to the patient. Without dwelling upon the sling bandages suggested by others, I will proceed to describe the one I have long been in the habit of using.

After carefully reducing the displacement of the fragments, by bringing the elbow of the injured side against the thorax and forcing it up so as to carry the shoulder upwards, backwards and outwards, and also acting, if necessary, upon the fragments directly, the next step will be to secure the limb in this position. For this purpose procure a square yard of unbleached shirting (this being softer than bleached fabrics), and cut it diagonally in two, so as to obtain a triangular bit, to the acute angles of which should be sewed strips of the same material, three inches wide

and from two to four yards long, according to the size of the patient. Apply the middle of the base, or long side of the triangle, beneath the elbow as it rests against the chest, having a margin of about four inches behind, and carry the obtuse angle towards the fingers. One of the acute angles, with its strip, will now be carried between the arm and chest, up to the fractured clavicle, around the back of the neck, over the sound shoulder in front, and beneath the axilla, and finally around the chest, including the arm just above the elbow. The other end of the strip should be then carried in front of the forearm, up to the sound shoulder, behind and beneath the axilla, and around the chest and arm, so as to meet its fellow and be tied to it. Finally, the margin left projecting behind the elbow should then be elevated, doubled, and so secured with stitches as to prevent the elbow from sliding out of the sling in that direction. The portion of the triangle situated along the forearm should be also folded around it, and thus secured. Lastly, the strips encircling the chest and arm should be stitched to prevent their upwards or downwards displacement. If it be necessary to press down one of the fragments, this can be effectually done by interposing a small pad or compress between the bone and the bandage which passes over it. It is scarcely necessary to add that the precise order in which the roller bandage is applied may be varied to suit the views of the surgeon.

The advantages of this bandage are to be found in its perfect adaptation to the necessities of the case, in its great simplicity, in the facility with which it may be made secure, and in the very slight inconvenience to which it subjects the patient. Children, as well as adults, bear it without a murmur, and if it becomes necessary, for the purpose of cleanliness, to remove it, any intelligent mother or nurse may re-apply it if the physician be not accessible. While it cannot be denied that under any plan of treatment, there may occasionally remain some unevenness or deformity at the seat of fracture, I must say that I have rarely seen anything of the kind in cases treated on this plan, notwith-

standing the fact that I have, not unfrequently, after applying the bandage over in presence of the mother, left the subsequent management entirely to herself. (See *Southern Medical and Surgical Journal* for July, 1852, page 75).—L. A. Dugas in *New Orleans Medical and Surgical Journal*.

TREATMENT OF FLAPS AFTER AMPUTATION, WHERE ERYSIPELAS AND SLOUGHING HAVE FOLLOWED.

Dr. H. L. Getz applied to the flaps of the thigh, where sloughing and consequent shortening had taken place, wide strips of adhesive plaster extending from the free margin up the thigh eight or ten inches. To these a cord and weights were applied, giving the patient no pain and covering the bone more nearly than could be done before. A good stump was secured. He recommends this plan of treatment in all cases where union by the first intention fails, and gives the following as advantages: (1.) Everything is gained by strips and weights that can be secured in the older ways. (2.) Free vent is obtained for the pus. (3.) The vitality of the stump is not interfered with by compression. (4.) It is much less painful to the patient. (5.) The ends of the bone can be made to heal over, which could be done in no other way.—*Medical and Surgical Reporter*.

WOUND DRESSING.

Samson Gamgee, F. R. C. S., in the *Lancet* says: "I do not dispute, as for many generations has been admitted, that antiseptics are of service in surgical practice, but they are accessories, not essentials. The essentials for successful wound treatment are accurate coaptation, dry and infrequent dressing, uniform, gentle pressure, and absolute rest.—*Canada Journal*.

M E D I C A L .

CHLORAL IN DIPHTHERIA.

SIR.—An item in your November number determined me to give you my experience with chloral in diphtheria. About three years ago, a case of sporadic diphtheria of malignant character came under my care. When about despairing of the patient's life, I prescribed a sleeping draught containing chloral hydrate and potas. brom., with a view to obtain much needed sleep. Next morning I was agreeably surprised to find my patient improved, and attributing the change to the rest, ordered the draught to be repeated that evening. On returning the following morning, the patient was still more improved, and expressed her belief "that the sleeping mixture did her throat more good than any gargle yet used, as it brought up far more stuff from her throat and made it feel better after." On investigation, this was found to be the case, and a wash, containing chloral hydrate ʒj , to an ounce of water, was ordered at once, and with wonderful effect, the patches peeling off rapidly, the throat feeling more comfortable, and the patient improving generally. Following up this treatment as opportunity offered for diphtheria (as much so as quinine in intermittent fever); but being deterred by past results with new remedies, I decided to await a more crucial test, and have, during the past two months, obtained such, as this locality has been visited by an epidemic of the formerly dreaded disease. In that time I have successfully treated fourteen cases of undoubted character, some very severe, and several others of a diphtheritic nature, and was about to publish a record of them, in order more clearly to establish my conclusions, but do not deem it necessary when such an eminent authority as Rokitsky can be referred to by the profession. I feel quite confident in

recommending this remedy, and have experienced very great pleasure in "going back" on my old friends, carbolic acid, tinct. ferri. mur., bromo-chloralum, etc. I have at the same time administered internally acid salicylic and quinia sulph., to prevent blood poisoning, but am quite sure that the local improvement is not due to these, as they have been given in pills and wafers, with equally good results. The wash is applied by a sponge swab, as I find that the contraction of the fauces on introducing the swab is sufficient to express the liquid, and once such application every three hours has proved satisfactory so far.—R. Carney in the *Canada Lancet*.

THE THERAPEUTICS OF ACUTE RHEUMATISM.

1. In the feeble, anæmic, nervous subject, he gives tinct. ferri chlorid, \mathfrak{xxx} . every four hours; orders the joints to be kept at rest, wrapped in cotton if the patient desire it; and if they are very painful, small blisters (the size of a silver dollar), to be applied around them. An occasional laxative of Rochelle salt is added. The iron cuts short the disease, lessens the danger of cardiac complication, and also has the power, as Anstie pointed out, of preventing impending attacks. The blisters relieve pain, and bring about a more alkaline condition of the blood and urine. Thus treated, cases of this type rarely last more than two weeks, heart complication is infrequent, convalescence is rapid and relapses uncommon.

2. Fat and flabby subjects require the alkaline plan: Two drachms of potassium carbonate, $\frac{1}{2}$ drachm of citric acid and four ounces of water every four hours, until the urine ceases to be acid, when the amount is to be reduced one-half, the reduction being then continued daily until the fourth or fifth day, when, if the urine continue alkaline, quinia (six grs. every four hours), or preferably tinct. ferri should be added. If the attack is severe blisters are applicable. With this treatment, this class get well within two weeks.

3. Vigorous subjects, often with hereditary tendency. These cases are often promptly relieved by salicylic acid in scruple doses. Not less than 3 ij, should be administered in twenty-four hours, and considerably more may be required. It is more effective given in solution with an excess of alkali. A cure is thus not unfrequently effected in three or four days, but some stomachs cannot bear it, and if it depress the heart it must be stopped. If after three or four days it produce no improvement, it is useless to persist in it. In all forms the diet should be liquid. Opium is objectionable by checking elimination; atropia promotes elimination, and is therefore preferred as an anodyne, being given hypodermically in the neighborhood of the affected joints and it is rarely necessary to exceed gr. 1-80 a day.

Should cardiac complication arise, the carbonate of ammonia (gr. v, doses frequently), and infusion of digitalis, with hypodermic injection of morphia should be given at once, to dissolve fibrin, check inflammation and lessen the work of the heart. When the acute symptoms have subsided, substitute iron and quinine for the ammonia and morphia. Experience also shows a blister on or near the præcordia to be useful.

In the sudden hyperpyrexia (fortunately very rare), where the temperature leaps without cause to 106°—109° F., the cold bath is necessary to ward off certain death.—Prof. Bartholow in *Med. News and Abstract*.

A PLEASANT REMEDY FOR TOOTHACHE.

Our cook presented herself to me with a swollen cheek, asking for something to relieve the toothache, from which she had been suffering all night, and for which she refused to have the tooth extracted. As there was nothing of the usual kind at hand, I was on the point of telling her to call later at my office, or go to a dentist, when it occurred to my mind that there was in the house a vial of *compound tincture of benzoin*, which I had been using upon a young mother as a protection against sore nipples.

After cleansing the decayed tooth I saturated a pledget of cot-

ton lint with the tincture, and packed it well into the cavity, hoping this would suffice for the time, and bidding her come back in two or three hours if she was not relieved. I was turning away when she remarked that it might not be necessary, perhaps, as the pain was already gone. Supposing her faith had a large share in the relief, I would not allow myself to think that the medicine had anything to do with the cure any more than so much hot water would have done.

But when I arrived at my office there were two other patients awaiting me with the same affliction, and I determined, by way of experiment, to use the same remedy. To my agreeable surprise both patients declared themselves immediately relieved, and begged a vial of the tincture for future use.

During the winter a number of similar cases applied, and were instantly relieved by the same treatment, all expressing much satisfaction with the remedy.

In December I told my druggist of the discovery, and recommended him to sell it to any person applying for "toothache drops." This, he reports, he has done, and that every one seems delighted with the medicine. * * *—T. C. Osborn in (Baltimore) *The Practitioner*.

A NEW NARCOTIC.

Jamaica dogwood, *piscidia erythrina*, is recommended in the *Pharmaceutical Journal* as a powerful narcotic, capable of producing sleep and relieving pain in an extraordinary manner. It has been used as an anodyne in toothache, curing the pain when introduced upon a dossil of cotton into the carious tooth. In Brazil it has an established reputation as a nervous sedative. Its action seems to be over the nerve centers; it causes sleep without producing the cerebral hyperæmia which succeeds opium and the active principles extracted therefrom. The sleep is tranquil and refreshing; it soothes bronchial cough and moderates the paroxysm of asthma and nervous coughs. It has been used with success in chronic hepatitis and obstructions of the liver.

The idiosyncrasies encountered in many cases in regard to the action of opium and its alkaloids, compel the profession to seek an anodyne and hypnotic in other agents. We think this remedy worthy of a trial. The fluid extract is used in doses of five drops.—*Buffalo Medical Journal*.

A SIMPLE APERIENT.

Dr. Weir Mitchell says, "I frequently employ salt and water in cases of constipation, and generally find it efficient." The late Prof. L. P. Yandell, sr., habitually used and recommended this efficient and homely remedy to his pupils and patients during the last thirty years of his life; and never failed to be grateful to his friend, the lamented Prof. Lewis Rogers, for suggesting the laxative to him. Constipation is almost universal in cities. A teaspoonful of table-salt in a glass of cool water half an hour before breakfast, will act with most persons pleasantly and promptly. Some require more and some less of the salt and water, and some cannot use it; but as a rule, it works excellently and without diminution of power as long as it may be employed.—*Louisville Medical News*.

THE DIET IN CONVALESCENCE FROM TYPHOID FEVER.

The caution cannot be too often given to patients and their friends, that the appetite which appears in the convalescence from typhoid must be most discreetly indulged. In the Medico-Chirurgical Society of Montreal, lately, Dr. Reddy mentioned a case which had been under his care in the hospital two years ago, where death took place from a relapse following a large meal of mutton chops. This patient had been well for three weeks. The post-mortem showed a perforation not larger than a pin's head, at the bottom of an ulcer.—*Medical and Surgical Reporter*.

OBSTETRICS.

A GIANT BIRTH—THE CHILD WEIGHING TWENTY-THREE AND THREE-QUARTER POUNDS.

The great size of the child at birth was the remarkable feature of the case, it being probably the largest human birth on record. It perhaps would be well to state here, that when we take into consideration the immense proportions of the parents, the size of the child need not astonish us. The mother, Mrs. Capt. M. V. Bates, whose maiden name was Annie Swan, of Nova Scotia, stands 7 feet 9 inches in height. Capt. M. V. Bates, formerly of Kentucky, is 7 feet 7 inches in height. These large people have, undoubtedly, been visited by many of the readers of this journal, as they have given public receptions in nearly all of the large cities and towns of Europe and America.

At 12 m., January 15, 1879, I was called upon to attend this lady in confinement, it being her second labor. I found her surrounded with competent attendants, and everything in order and at hand that would in any way add to her comfort and convenience. Her pains were quite infrequent and light. After a convenient time, with my patient in the usual position, I proceeded to make an examination, but was unable to reach the os uteri, it being so far up. I could not, with my hand, by any ordinary effort, make a satisfactory examination, but concluded that she was in the initial stage of labor. She remained in much the same condition for the next 24 hours, passing the night comfortably, and I saw no necessity for any interference with the order of things. At the end of 36 hours the pains became more frequent, and on examination, I found the os dilating and labor progressing favorably. The head engaged: position, second occipito-anterior. Notwithstanding the long interval between

pains the head made good speed through the depth of pelvis. At 4 P. M., on the 18th, while conducting an examination during pain, the membranes gave way spontaneously and the amniotic fluid came pouring out so profusely as to startle every one. I had my patient very close to the margin of the bed, as was necessary, in order to facilitate manipulation on account of her great size.

The bed was well protected by rubber blankets, which carried the waters over the side of the bed, where they were caught in vessels to the amount of five gallons. That lost by absorption and evacuated with succeeding pains, would make the total of water not less than six gallons. This was, undoubtedly, a case of dropsy of the amnion, co-existent with general dropsy, from which she suffered to some extent during the last months of pregnancy.

Soon after the rupture of membranes the foetal head was disengaged, and in the soft parts. The mother was in good condition, the foetus seemed strong and healthy, and everything indicated a speedy and successful termination. But here the trouble began. After the escape of the waters all pain ceased. The abdominal muscles which had been so much distended lay lax over the foetus like the blanket which covered the person of the mother.

Inertia was complete. There was no pain except as the result of manipulation. Ten grains of quinine, Squibb's ergot, and brandy were administered. The forceps were resorted to early, but all to no purpose. The forceps could not be successfully applied because of the unusually large head which lay, with the neck, in a vagina that would measure on its posterior aspect 12 inches at least, and from 7 to 9 in its anterior. The safety of the child was my great fear. The head was seemingly almost born, but the shoulders were fast. How to disengage them was the question. The hand could not be passed to reach the shoulder. I had telegraphed to Dr. J. D. Robinson, of Wooster, Ohio, who now came to my assistance. He attempted the use of the forceps with but little success. The child could not be so de-

livered. After further consultation, as it was our great desire to deliver if possible, without mutilation, we passed a strong bandage over the neck of the child, and while one made downward and lateral traction, the other, after several attempts, succeeded in bringing down an arm, and finally after a laborious seige we succeeded in delivering our patient of a male child. It weighed $23\frac{1}{2}$ pounds; its height, 30 inches; breast measure, 24 inches; breech, 27 inches; head, 19 inches; foot, $5\frac{1}{2}$ inches in length. The secundines, which were soon removed, weighed 10 pounds. The mother was considerably exhausted, but is making a good recovery. Mrs. Bates, six years ago, gave birth to a dead child in London, weighing 18 pounds, and 24 inches in height. She was attended at the time by one of the celebrated obstetricians of that city, who encountered the same difficulties in delivery that I had.

[We believe that this is the largest infant at birth of which there is any authenticated record. Cazeaux refers to one that weighed 19 pounds. There is a fœtus in the London Hospital Museum 24 inches long. The average length is 20 inches; average circumference of head, $13\frac{1}{2}$ inches. The placenta usually weighs one-sixth as much as the fœtus. In this case the secundines in all weighed nearly half as much as the child.]—A. P. Beach in *N. Y. Med. Rec.*—*The Canada Med. Record.*

PUERPERAL FEVER TREATED BY BENZOATE OF SODA.

Dr. Lehnebach writes, in the *Allgemeine Medicin. Central-Zeitung*, that in February last six cases of puerperal fever came under his care. In these cases artificial interference had been necessary, and all the women were under the care of a very skillful and careful midwife. The source of infection could not be discovered. Three other women, under the charge of another midwife, in which Dr. Lehnebach was called on to complete delivery by artificial means (one being a difficult forceps case), were not affected. Of the six cases of puerperal fever, two (a primipara and a pluripara) died in a few days in spite of the energetic

use of quinine and wine. The symptoms were febrile, the temperature in the first case exceeding 109° F. He was hence led to try in the remaining four cases, benzoate of soda, as recommended by Klebs and Letzerich. The result was so remarkable that he believes that if his experiments be confirmed by that of others, benzoate of soda will be as much a specific in puerperal fever as salicylic acid is in acute rheumatism. Of the four patients in question two were primiparæ and two pluriparæ. In the cases of the primiparæ he was twice obliged to administer fifteen-grain doses hydro-chlorate of quinine along with the benzoate of soda, as the temperature rose to 105° F. soon after labor. The action of the quinine was much more decisive than in the fatal cases, where he had given half a drachm; the temperature fell from 106° to 100.4° F. Moreover, the quinine, when given with the benzoate, did not produce nausea, whereas in one of the cases it was almost immediately ejected by vomiting when given alone. Except in one case the temperature did not again rise above 102.75° F. Dr. Lehnebach says, also, that he has had much success in the treatment of gastric catarrh in children, and of diphtheria, from the use of benzoate of soda, administered in the latter disease both locally and internally.—*British Medical Journal*.—*Louisville Med. News*.

NITRITE OF AMYL IN POST-PARTUM HEMORRHAGE.

This has been used with most satisfactory results by Elias W. Kern, M. B. (*British Medical Journal*, November 1, 1879). The patient was in collapse when the nitrite was given by inhalation. The hemorrhage ceased at once and permanently, and the patient was restored.—*Archives of Medicine*.


Editorials, Reviews, Etc.

PUBLISHER'S NOTICE.—The JOURNAL is published in monthly numbers of FORTY-EIGHT pages, at three dollars a year, to be always paid in advance.

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All communications must be addressed to

C. S. BRIGGS, M. D.

CORRECTIONS.

In January number, on page 9, line 29, instead of palpitation, read palpation; page 10, line 28, for 951-5, read ninety-five and one-fifth; also, page 19, line 9, instead of three inches in its long diameter by six and a little in its diameter, read six and a little over, in its long, and three inches in its short diameter.

BOOK NOTICES.

THE PATHOLOGY AND TREATMENT OF VENEREAL DISEASES. By FREEMAN J. BUMSTEAD, M. D., LL.D., Late Professor of Venereal Diseases at the College of Physicians and Surgeons, New York; Late Surgeon to the New York Eye and Ear Infirmary; Consulting Surgeon to Charity Hospital, Etc. Fourth Edition, Revised, Enlarged and in a great part Rewritten by the Author and by ROBERT W. TAYLOR, A. M., M. D., Professor of Skin Diseases in the University of Vermont; Attending Surgeon to Charity Hospital, Etc. With one hundred and thirty-eight wood-cuts. Philadelphia: Henry C. Lea. 1879.

Probably, in no department of medicine, has such progress been made in the last few years, as in that of venereal diseases. As the author in his preface to this work quotes, "In future it will be impossible to include venereal diseases in a single treatise; they can only be studied and known in separate monographs."

This is the 4th edition of this wide known work, and many things have been added to the work to make it more valuable. If any one could include in a single treatise, all the recent advances and discoveries in this department, it is its distinguished author. The time is rapidly approaching when every subject treated of in this work will require separate treatises, but in this work the conciseness that covers the entire subject, will prove a source of wonder to the student. It is hardly worth while to recommend this book to both practitioners and students as a work of standard authority, it is too well known to need any such recommendation. It will certainly become more popular than ever in this edition. The recent death of the distinguished author, just as he had finished his work, is a source of general regret to the entire profession.

LESSONS IN GYNECOLOGY. By WILLIAM GOODELL, A. M., M. D., Physician-in-Charge of the Preston Retreat; Professor of Clinical Gynecology in the University of Pennsylvania; Fellow of the American Gynecological Society; Fellow of the Philadelphia College of Physicians; Member of the Philosophical Society; Corresponding Fellow of the Obstetrical Society of London; Corresponding Member of the Imperial Medical Society of Constantinople, and of the Gynecological Society of Boston, Etc. With eighty illustrations. Philadelphia: D. G. Brinton. 1879.

The author in his preface, claims that this work is "not a treatise upon the diseases of women, but mainly the outcome of clinical and didactic lectures," delivered in the Medical Department of the University of Pennsylvania.

The title itself is modest, and shows what the author intended the work to be. If we were consulted by a student for our advice, as to the best work for him to buy on this subject, we would

unhesitatingly refer him to this. It is the most thoroughly practical we have seen. One feels as if the writer was addressing himself personally and directly to himself. The descriptions of operations, that part of medical book-writing, that is certainly the most difficult, are clear and easily understood. The author's style is attractive and one might say unique. He certainly has no reason, as he does, to complain of a "slow pen." The chapter on the Sexual Relations as Causes of Uterine Disorders, is one that every practitioner should read, and it is a pity that its contents could not be impressed upon every newly married couple. The chapters on Lacerated Perineum are particularly good.

A TEXT-BOOK ON PHYSIOLOGY. By MICHAEL FOSTER, M. A., M. D., F.R.S. Third Edition. Revised. London and New York: MacMillan & Co. Toronto: Willing & Williamson. 1879.

This deservedly popular text-book is on our table, and the fact that it has already reached its third edition, is sufficient evidence of its utility and popularity with the profession. We are informed by the publishers that this volume is issued in advance of a cheaper edition, issued expressly for students. The very latest discoveries and approved physiological deductions are here definitely given, and the scope of the subjects considered, is comprehensive and full enough for all ordinary purposes. The author of this work, certainly has rendered valuable aid in the province of physiological research. Without having space to attempt even a statement of the contents, will add, that this is a text-book in physiology that most nearly conforms to our idea of what a text-book should be.

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NASHVILLE JOURNAL OF MEDICINE AND SURGERY.

SECOND SERIES.

Vol. XXV. NASHVILLE, TENN., MARCH., 1880. No. 3.

Original Communications.

CHINESE SURGERY—HOW EUNUCHS ARE MADE.

BY WALTER R. LAMBUTH, M. D., SHANGHAI, CHINA.

Perhaps the readers of the JOURNAL may be interested in some facts relating to Chinese eunuchs, the operation of castration and the general status of eunuchs in China. I am indebted to the 14th *Medical Report of the Chinese Imperial Maritime Customs* for the following paragraphs :

“Surgical* operations among the Chinese are, for the most part, comprised under the headings of *acu puncture*, the application of the *moxa*, and the *opening of abscesses*. The first two are practiced for all manner of diseases, the sole necessary indication being the presence of local pain or swelling. The last is adopted only when the fluid contents of a tumor are visibly approaching the surface; and, no doubt, superficial aneurisms occasionally happen to be so treated.

* A portion of the following appeared in the *Lancet* of 28th July, 1877.

But, as a rule, Chinese practitioners are both timid and tardy in their use of the knife, and for this reason foreign surgeons find that a large part of their work among the natives consists in the opening of huge collections of pus, which have burrowed between the muscular planes, and the treatment of sinuses, whose orifices have often, for years, been carefully closed with resinous plasters."

"The one exception to the general rule is found in the boldness with which the Chinese castrate men and animals. By some extraordinary chance they have even discovered the dependence of conception upon the presence of the ovaries, and acting upon this knowledge, they not only castrate boars and cocks, but spay sows with remarkable skill and success."

"The operation of castration is mentioned in native histories as early as 1100 B. C., when it was by edict constituted one of the recognized modes of punishment for certain grave offences. Its object, when performed in pursuance of a sentence, appears always to have been purely punitive, not preventive on any theory, such as has been sometimes broached, and which has much to recommend it, that criminals of the worst sort should be prevented from founding or increasing criminal families.

According to Mr. Stent, the last recorded occasion on which its performance was inflicted as a penalty was in 1856, when a number of rebels were captured in the metropolitan province, having with them several boys under 15 years old. The adults were all beheaded, and the children all castrated. But an edict, which appeared in the *Pekin Gazette*, of the 28th of Nov., 1877, proves that in special cases the same punishment is still inflicted. The following is a translation of the edict referred to:

Yu Luh, Governor of Huhwei, memorialises, reporting that when, in 1872, certain disturbances had broken out on the borders of that province and of Honan, after the apprehension of the leader of the rising, Li Liu by name, which took place in Honan, the government forces in Huhwei further effected the capture of this malefactor's son, Li Mas-Tze, at that time six years of age. The child was then handed over by the Governor then in office to

the district magistrate of Hwaining, to be kept imprisoned until he should reach the proper age to be dealt with according to law, and the magistrate of said district has now reported that the prisoner has reached the age of eleven, and acknowledges that he is the son of the insurgent leader, Li Liu, but that, owing to his tender years at the time, he knew nothing of his father's treasonable designs." The law runs as follows:

"The children and grandchildren of rebels, if not themselves privy to the treasonable designs of their parents, shall be delivered into the hands of the Imperial Household to be castrated, and shall be forwarded to Turkestan and given over as slaves to the soldiery. If beneath the age of ten, they shall be confined in prison until they have reached the age of eleven, whereupon the sentence of the law shall be carried into effect."

"As the prisoner in question has now reached the prescribed age, execution of the sentence of the law must be proceeded with; and submission to this effect having been made by the Provincial Judge, on application of the prefect of Hwaiking-fu, the governor has approved the same, and has communicated with the Board in due form. He requests that instructions be issued accordingly.

Rescript:—Let the Board of Punishments take note.

"In China, however, as elsewhere, eunuchs are in general made in order to qualify them to act as palace servants, and occasionally as palace executioners. They may be kept only by certain members of the Imperial family, and in the palace of the eight hereditary princes, whose ancestors assisted in establishing the present dynasty. The Emperor has 3,000 in his service, exclusive of 18 castrated Lamas, who act as domestic chaplains; each prince of the blood and Imperial princess is obliged to maintain 30, and so on through the different grades, the number diminishing as the distance from the head of the reigning house increases. Every fifth year each prince supplies eight young eunuchs for the palace, but as this contribution does not by any means meet the demand, the general public is called on to send in adults or adolescents as candidates for the painfully acquired honor of palace

employment. As a matter of fact there is no dearth of persons willing to submit to castration. Boys are compelled by their parents to offer themselves, while as to adults, men who are at once poor and lazy, are tempted by the certainty of an assured income with little or nothing to do for it, and men with a peculiar form of ambition are seduced by the mystery and importance of the duties supposed to be conferred on eunuchs. Thus it happens that at the present moment some of the eunuchs in Peking have tribes and families. But when a eunuch dies he is buried, not with his family, whether he has one or not, but in a place specially set apart, whither, every spring and autumn, a body of eunuchs repair to offer those sacrifices which, in the ordinary course of life, are offered by children to the manes of their fathers."

"The operation is performed by an establishment maintained for the purpose, immediately outside one of the palace gates. The operators are known as knifers, and they contrive to keep the trade in their own families. For each castration, and the subsequent care of the case, they receive the equivalent of £1 16s. sterling."

"When about to be operated on, the patient is placed in a semi-supine position on a broad bench. One man squatting behind him grasps his waist, and one man is told off to each of his legs. Bandages are fastened tightly around the hypogastric and inguinal regions, the penis and scrotum are three times bathed in a hot decoction of pepper pods, and the patient, if an adult, is solemnly asked whether he repents or will ever repent his decision. If he appears doubtful, he is unbound and dismissed, but if his courage has held out, as it usually does, all the parts are swiftly swept away by one stroke of a sickle-shaped knife; a pewter plug is inserted into the urethra, and the wound is covered with paper soaked in cold water, and is firmly bandaged. The patient, supported by two men, is then walked about the room for two or three hours, after which he is permitted to lie down. For three days he gets nothing to drink, nor is the plug removed from the urethra. At the end of this period the dressings are changed,

and the accumulated urine allowed to escape. The parts generally heal in about one hundred days, when the patient is inspected by an old experienced eunuch, in order to make sure that the mutilation is complete. About two per cent of all cases prove fatal, some by hemorrhage, some by extravasation, and some doubtless by irritative fever. Mr. Stent says nothing about obliteration or contraction of the canal of the urethra, although one would expect that the process of cicatrization would frequently produce this accident. For a long time after the operation there is incontinence of urine. Hence a common Chinese saying, 'He stinks like a eunuch.'

The organs removed are embalmed and sealed up in pint vessels. Whenever a eunuch is nominated for appointment to any post he must produce his vessel, and have the contents inspected by the proper authority. Should the parts be lost he has to borrow or hire the vessel belonging to another. When he dies his organs are buried with him. It would seem that even after the very radical operation just described, a growth is occasionally reproduced round the urethra sufficient to excite the suspicion of a jealous tyrant, and perhaps the interest and curiosity of the members of his harem. At all events, history records that in the middle of last century, a report having been made to the Emperor that some of the palace eunuchs had become dangerous, the entire staff were 'swept clean' a second time.

When young, according to Mr. Stent, eunuchs are rather like handsome girls, but are easily distinguished by the total absence of hair or down on their cheeks, and by their falsetto voice (vox fracta). They age rapidly. They have little or no muscular strength, but a lavish deposit of subcutaneous fat makes them stout. As this fat is absorbed soon after middle age is reached, an elderly eunuch is repulsive in appearance, resembling a wrinkled, withered hag. In walking eunuchs lean forward, keeping the legs close together, with the toes pointed outwards. When riding they do not grip the saddle, but trust to the stirrups alone. By these marks the Chinese recognize the approach of a

eunuch while he is still at a great distance. Eunuchs are hysterical, easily moved to violent wrath, and as easily appeased; readily aroused or depressed, but with no tendency to melancholy or suicide. They are generally timid and harmless, affectionate to women and children, and passionately attached to pets, especially to dogs. They are honest and charitable, and are noted as not being hagglers. They are all gamblers. They are moved to revenge chiefly by allusions to their deficiency.

I might add more to the subject, but this article has already assumed such proportions as to warn me against trespassing further on your good nature.

A CASE IN WHICH A COCKLE-BUR REMAINED IN
THE TRACHEA OR A BRONCHUS FOR ELEVEN
YEARS WAS EXPECTORATED AND FOL-
LOWED BY COMPLETE RECOVERY.

BY A. WOOLSEY, M. D., GRANBY, MO.

Mr. S. C——., at about the age of eleven years, was riding rapidly through a cornfield where cockle-burs had grown prolifically, and sucked a bur into his mouth, and it passed into the trachea. This was followed by immediate severe coughing, and manifest distress in respiration. His parents were informed by the boy, but could not believe that the presence of a cockle-bur in the windpipe would not give more trouble. But, as the cough and difficult respiration continued, a physician was consulted, and an examination made, but nothing positive was ascertained, and the case was allowed to go as a case of bronchial irritation, and treated accordingly. The trouble continuing, further advice was sought, and a more careful examination made, with the boy's statement taken into consideration. The result of this second examination, which was made some two years after the supposed inhalation of the bur, was that the boy's statement was discredited, and phthisis pulmonalis diagnosed, and treatment directed accordingly, and was kept up under this view of the case for some five or six years. All the known and unknown remedies for consumption were used. Consumption curers of every class and description, male and female, white and black, and the poor "lo," with his *peculiar and wonderful erudition*, made their appliances. Still there was no relief. The cough continued. The material expectorated had changed from mucus to muco-purulent, sometimes mixed with more or less blood, and very profuse. The boy had now grown comparatively into a young man. The appetite and

digestion continued good, but still there was great emaciation. At this time the young man, having become thoroughly disgusted with medicines, determined to leave off all and go to his end in peace.

The condition continued much the same for some years more. The cough was continuous, day and night. The amount expectorated in every twenty-four hours, averaging from a half pint to a pint, the proportion of pus increasing. The hope of recovery had for years been despaired of. The young man, however, during all these years of constant suffering, had continually and persistently insisted that the cockle-bur was the cause of his trouble, and that it was still in the lung.

About eleven years after the inhalation of the bur, and after these long years of suffering, and when extreme exhaustion and emaciation was making it plain to the young man and his parents and friends, that the end was near, there was an unusual coughing spell, and something unusual expectorated. The material was immediately examined, and found to be a cockle-bur. The bur was thickly covered with mucus and pus, and was in the main perfect. A majority of the spicula were gone, perhaps had been softened and decomposed. The body of the bur was only slightly softened and swelled, otherwise it was perfect. Mr. C— still has the bur, and exhibits it to any curious enough to desire to see it.

Immediately after the bur was coughed up, there was marked improvement in all the symptoms, which continued without any important changes until Mr. C— was quite well. At this time, some five years since the bur was expectorated, Mr. C— is in quite good health, and there is no manifest evidence of the former trouble except a notable change in the voice.

The foregoing history, is given by Mr. C— himself, and his parents, who are intelligent and altogether reliable. The facts are also attested by the neighbors, who had knowledge of all the circumstances and the result.

SURGICAL CLINIC OF W. T. BRIGGS, M. D.,
*Professor of Surgery in the Medical Department of the University
of Nashville and of Vanderbilt University.*

REPORTED BY RICHARD DOUGLAS, MEDICAL STUDENT.

FOREIGN BODY IN THE AIR PASSAGES—TRACHEOTOMY.

The first patient we present to you this morning is a child fourteen months old, brought to us from an adjoining county for the removal of a foreign body from the air passages. Five days ago, while playing with some solid substance, it slipped into the wind-pipe, giving rise to a train of symptoms calculated to alarm even the most experienced practitioner. Death appeared imminent. The respiration was almost entirely checked, the face became livid, the eye-balls protruded from their sockets and convulsions followed. This paroxysm was followed by a stage of comparative ease, but in a short time the second stage, or that of irritation, came on.

You will now see that the child's breathing is difficult; that its cry is changed, and that he is seized every now and then with paroxysms of spasmodic coughing. The body may be in the larynx, the trachea, or one of the bronchi, most commonly the right. When in the larynx the whistling character of the breathing indicates its location. When in the trachea it may be heard moving up and down with every inspiration and expiration. When lodged in a bronchus auscultation will show an absence or an impairment of the respiratory murmur on the side affected. We now apply our ear to the chest and can distinctly hear a rattling sound, indicating the fact that the body is in the trachea.

The treatment for such cases is to open the trachea. If the case is urgent laryngotomy is preferable.

After the trachea is opened the substance may be expelled by the first expulsive spell of coughing, through the wound most commonly, sometimes through the mouth, or there may be a considerable interval between the operation and the expulsion. The operation of tracheotomy, which we propose to perform this morning, is performed as follows:

An incision is made in the median line, through the integument and cervical fascia, down to the muscles. These are separated with the handle of the scalpel, thus exposing the thyroid plexus of veins, which is carefully pushed aside with the fingers and handle of the scalpel. The trachea is now brought into view, and after waiting for all hemorrhage to cease it is made steady with the tenaculum, and an incision of an inch and a half is made in its longitudinal axis.

(The operation was performed as described, very little hemorrhage occurring. Almost as soon as the trachea was opened a violent paroxysm of coughing ensued, during which the foreign body, a grain of corn, was expelled through the opening with considerable force. The wound was left to close by granulation. The patient recovered rapidly).

OVARIOTOMY.

We now bring before you Miss M., aet 35, who has come from East Tennessee for relief of an abdominal enlargement. Two years since she first noticed a slight enlargement in her left iliac, elastic, painless, and smooth. The tumor gradually increased in size, and as it grew larger caused her at times much suffering, and interfered materially with her general health. You will easily infer from her emaciated appearance, sallow complexion, and anxious expression of countenance, the latter of which is said to be a singular characteristic of this disease, what great inroads have been made in her general health. On examination we discover an immense distension of the abdomen, even greater than

that of the ninth month of gestation. On placing the hand upon the enlargement, we observe that it is distinctly elastic, is dull upon percussion, and that there is fluctuation.

From these facts it is learned that the enlargement is due to an accumulation of fluid within the abdominal cavity, and the diagnosis lies principally between ascites, ovarian cyst and Wolfian cyst. That it is not ascites is determined from the fact that when the patient is placed upon her back it does not flatten and bulge out at the sides, but retains its globular shape. The distinction is further strengthened by an examination of the various organs, which are found in a perfect state of health. Another important distinction is that in ovarian tumor percussion reveals a marked dullness over the whole surface, while in ascites it is found resonant. From Wolfian cysts it is distinguished by its greater size. Having determined that it is an ovarian cyst, the next step is to ascertain its character.

That it is not multilocular or composed of more than one cyst, is ascertained by its regular, globular surface. There are no adhesions in front or at the sides, which is learned from the fact that the abdominal walls may be made to glide smoothly over the cyst. Having made out the diagnosis we have next to consider the propriety of operative interference. Temporary relief may be given by tapping, but the cyst rapidly refills, and though the cyst may be repeatedly emptied of its contents in this way, the strength of the patient gradually gives way, and in three or four years from the first appearance of the growth, death ensues. Injecting the cyst with various fluids, electrolysis, and various other means have been tried, but without marked success. Total extirpation of the cyst with the ovary from which it springs, or ovariectomy, offers the only hope of escape from death. I shall perform the operation upon the patient now before you, this morning as follows:

The room being thoroughly carbolyzed by means of the spray atomizer, containing a 1 in 40 solution, the hands of the surgeon and assistants are thoroughly washed in 1 in 20 solution of carbolic acid, and the instruments, sponges, etc., also carbolyzed, the

patient is placed upon a table and thoroughly etherized. An incision about four inches in length is made through integument and fascia in the median line, between the umbilicus and the pubes. This incision exposes the linea alba, in which the tissues are divided *seriatim* upon a director until the peritoneal cavity is opened and the cyst exposed, an assistant, meanwhile, with a hand on each side of the incision, pressing the abdominal walls against the cyst, so as to prevent the escape of intestines and the entrance of fluids into the cavity. The presence of adhesions is now sought for by passing a uterine sound between the cyst and abdominal walls. If found the hand, freshly carbolized, is carefully introduced and the adhesions broken down. If none are found, the fluid is evacuated by means of Spencer Well's trochar, the cyst being gradually drawn out as the fluid is evacuated. The sac having been entirely withdrawn, the pedicle is secured by a clamp and held outside the cavity. If in the course of the operation any fluids should escape into the peritoneal cavity, it is thoroughly sponged out with carbolized sponges. The wound is then closed with silver sutures, passed through the entire thickness of the abdominal walls and the parietal peritoneum. The dressing is now completed by applying to the wound a moderate thickness of carbolized tow, over which is placed a thick layer of cotton. These are held in place and sufficient pressure made by a well applied flannel bandage.

(The operation was performed as indicated. No adhesions were met with, and the sac was easily removed. It was unilocular, containing fluid singularly clear, transparent and glutinous. The pedicle was long, and secured on the outside with clamp. The fluid amounted to six or seven gallons. Six sutures were used to close the wound. Not a drop of blood or fluid entered the cavity of the abdomen. The patient reacted well and made an uninterrupted recovery. The cyst, with its contents, weighed 70 pounds).

Correspondence.

TYLER, TEXAS, January 23, 1880.

Dr. C. S. Briggs, Ed. Nashville Journal of Medicine and Surgery:

SIR:—As I have recently treated a case of poisoning from strychnine successfully, in association with Dr. J. F. Reid, of our city, I will give a brief report of it for publication in your journal.

On Friday morning, the 26th ult., I was called to see a respectable citizen, living on a farm one mile from my residence, who had taken about one-half of a teaspoonful of pulverized strychnine a short time before day for the purpose of destroying himself. As soon as the messenger made known his business, I promised to go immediately, and I directed him to go and bring Dr. J. F. Reid out with him, as he had helped me with a very troublesome case of poisoning once before.

I arrived at the patient's residence by sunrise, which was at least from one hour and a quarter to an hour and a half after the poison had been taken. The patient had convulsions before the messenger started for me. Upon my arrival I found him affected with violent convulsions, which returned every few minutes. It would be proper to note the fact that the subject of this report had been drinking for several days, and that on the day previous to his taking the strychnine, he was very much intoxicated. This condition of the system might have retarded the rapid introduction of the poison into the circulation.

As I knew no chemical antidote for strychnine, a leading idea was to retard its introduction into the circulation as much as possible, giving no water or anything else that would dissolve it in

the stomach; to shield the internal coat of the stomach with melted hog's lard, hoping that the greater part of the poison remaining in the stomach might become incorporated with the lard, and thus altogether be expelled by free emesis, and also to bring to bear upon the case such other auxiliary means as chloroform and chloral, for the purpose of lessening the force of the convulsions, until the poison could have time to spend its force. In accordance with this view of the case, I ordered as much melted lard as the patient could be made to swallow. Perhaps there was as much as a quart administered in less time than one hour. Although thirst was very intense no water was allowed, as it was feared that it would dissolve the strychnine, and thus hasten its introduction into the circulation. As a substitute for water, melted lard, or rich sweetmilk and cream, were used.

After I had been there for some time, Dr. Reid arrived, and we agreed upon the above course.

About one hour after the lard was administered the convulsions appeared some lighter than they had been before, and the patient made some efforts to vomit, which we encouraged by administering a large teaspoonful of pulverized ipecac, with melted lard, after which he vomited very freely, and continued to do so, at intervals, through the balance of the day and night.

Near the middle of the forenoon we began to entertain hope that something might be accomplished for the benefit of our patient. We sent to the drugstore and procured 10 ounces of chloroform, which we used in the paroxysms by inhalation. Dr. Reid left me with our patient about 10 o'clock A. M., and returned again the next day by 11½ o'clock A. M. By this time there was decided improvement, and we believed he would get well. I remained with our patient 30 hours. During the first 24 hours I used, by inhalation and wasted together, 10 ounces of chloroform. By this time the toxic effect of the chloroform was a matter of as much interest as the strychnine. During the next 24 hours we used hydrate of chloral as a substitute for chloroform, dissolved in simple syrup, 60 grains to the fluid ounce, one tablespoonful

every four hours, when the severity of the paroxysms demanded it. The paroxysms gradually grew lighter, and appeared at more distant intervals for 45 hours from the time the poison was taken, and by this time it appeared to have completely spent its force.

During the first two or three days the urine was turbid, which I supposed was epithileum thrown off from the kidneys and urinary passages. There was occasional hemorrhage from the bowels for three weeks. The stomach was irritable, with a little tenderness over it for a week or two, so much so as to require a blister over the epigastrium.

In the subsequent treatment we employed alteratives, opiates and saline cathartics, as we thought them indicated, and ended with an iron tonic. We discharged our patient in three weeks. He is now able to go about his farm and attend to light business.

Before concluding this report, I will say that I was led to believe that there was virtue in hog's lard in strychnine poisoning, from the fact that I had frequently heard of its having been successfully used with dogs, when freely administered and kept from water. Also from the fact that I have endeavored to poison hogs with strychnine, and could never succeed in poisoning one in medium condition, but have succeeded in doing so when they were very poor.

Water should be withheld from patients of this class until the poison spends its force, or, in other words, until convulsions entirely cease, using rich sweetmilk and cream or melted lard as a substitute, as was done with our patient.

Very respectfully,

E. JONES, M. D.

Selected Articles.

ON ABDOMINAL SECTION IN INTESTINAL OBSTRUCTION.

BY T. R. JESSOP, ESQ., F. R. C. S., SURGEON TO THE LEEDS INFIRMARY.

[Several papers on this subject have lately appeared in the *British Medical Journal*. The Leeds surgeons appear to us to be amongst the first writers on this important question. Mr. Jessop says:]

Is an exploratory operation called for when life is threatened by an acute concealed intestinal block, and if so, under what specific circumstances?

More than twenty years ago, I assisted in making a post-mortem examination of the body of a fine little fellow, the youngest son of one of our most respected citizens, whose disease, rightly and early diagnosed during life, was found to be a simple invagination of the ileo-cæcal junction. The case had run its course with much rapidity; there was a singular absence of all inflammatory changes, and by the simplest manipulation the gut was restored to its normal position. The conviction was forced upon every one present, that an opportunity of saving the boy's life had been lost. Similar examples of intussusception are not rare; I can distinctly call to mind the particulars of three others, in which it was shown on post-mortem examination that a reduction might readily have been effected.

Several cases are now recorded in which, by means of gastrotomy, invaginations have been successfully reduced; and no one, I imagine, would question the propriety of opening the abdomen in these cases when the diagnosis is assured, and after it has been made clear that other means have failed.

Many years ago, Mr. Seaton related to the members of the Leeds Medical Club, the details of a case which, with the one given above, made a lasting impression on my memory.

A vigorous, healthy, and muscular man of thirty, was suddenly seized with abdominal pain, vomiting soon followed, the bowels refused to act, and in spite of appropriate treatment continuously applied, the patient died on the fifth day, with all the symptoms of a strangled gut. On post-mortem examination, besides evidences of recent peritonitis in the lower half of the abdomen, a coil of the ileum was found suspended from the front abdominal wall, not far from the umbilicus, by an organized band an inch and a half long. In his remarks on this case, Mr. Seaton writes: "To me it appeared, and still does, that, apart from the danger of opening the abdomen, the division of the band would have cured the patient."

Examples like this, again, will have been met with in the experience of many physicians and surgeons. I have selected the two for special reference out of a considerable number within my recollection, because they afford typical illustrations of conditions recognizable in some measure at least, even at an early stage, and by general acknowledgment admitting of relief from surgical interference.

It is only of late years that I have put the operation of laparotomy to the test, and as yet I have not met with a case of invagination suitable for or requiring surgical aid. I have had the satisfaction, however, of advising in one case in which death was averted by the timely division of a constricting band. It occurred in the practice of Dr. Land, of this town, by whom the operation was most ably performed.

The patient was a man aged 45, who, for several weeks prior

to his seizure, had suffered daily from abdominal pains, and from retching before breakfast. Whilst walking in the street, on the 24th of October, 1875, he was suddenly attacked by most violent pain in the body, so that it was with difficulty he made his way home. Dr. Land was soon in attendance, and by means of fomentations and the subcutaneous injections of morphia, he was able to afford some relief to the man's intense suffering. Daily, however, the symptoms of obstructed bowel became more marked : uncontrollable vomiting, passing from cibal to bilious, and finally becoming stercoraceous ; all escape of fæces and flatus by the rectum absolutely stopped ; a gradual increasing distension of the abdomen. On the 31st of October, seven days from the commencement, Dr. Land asked me to share the responsibility with him. Matters had now become grave in the extreme. We both felt that, if unrelieved, the man had not twenty-four hours to live. The progress throughout had so closely resembled that of a strangulated hernia, without the external accompaniments, that we decided to recommend an exploratory operation. This was performed after such delay only as was necessary to obtain assistants and instruments. An incision large enough to admit the hand was made through the linea alba below the umbilicus, with the immediate result of a large protrusion of distended small intestine. After vainly searching the several internal rings, our attention was being given to the ileo-cæcal region, when, on turning aside the intestines, a band thicker than a quill and several inches long, was discovered, and beneath it a loop of bowel. Just as the cord was brought from the midst of the distended coils to the surface, stretched over Dr. Land's forefinger, it was seen to give way. The exact attachments of the band were not sought for ; there was no bleeding ; the visceral protrusion was ever on the increase ; there had already been a prolonged exposure, and we were naturally anxious to complete the operation. It probably sprang from a spot corresponding with the base of the sacrum or the last lumbar vertebra, and stretched thence to the right brim of the pelvis. The intestines, deeply injected, were re-

placed, the wound was carefully closed by means of wire sutures, made to include the peritoneum, and the abdomen was covered with cotton wadding and encircled with flannel. The after-progress of the case was all that could be desired; the symptoms of obstruction at once ceased, and he slowly convalesced. His only inconvenience now arises from a feeling of weakness in the anterior abdominal wall.

It is not, however, in cases of intussusception, which are, generally speaking, easy of diagnosis and readily followed through their various stages, that the surgeon will experience his greatest difficulty in deciding whether or not to interfere, nor is it in cases like Dr. Land's so closely resembling a strangulated hernia in its symptoms, that he will feel himself most perplexed. There is, indeed, a fair amount of unanimity amongst authors as to the advisability of opening the abdomen in cases both of intussusception and constriction by bands where the diagnosis is clear. But there are others, more numerous perhaps, of a much more doubtful character, in which the cause of the obstruction can only be determined by an exploratory incision; and it is in these that the question assumes its greatest importance—Is an operation of inspection called for? Are we right, that is to say, in opening the abdomen in an extreme case of bowel obstruction, when the nature of the obstruction is *not* apparent, on the possibility of finding some removable cause? The answer to this question, it appears to me, must depend upon the replies given to two others: What is the general experience of observers as to the cause of fatal obstruction? and are the chances of recovery in any degree lessened by an exploratory incision, where the cause is found to be irremovable by operation?

Mr. Teale answers the latter question by a decided negative.

Mr. Gay, Dr. Hilton Fagge, Dr. Brinton, and others, show that in a large percentage of cases the cause of obstruction is purely mechanical, and therefore remediable. Invagination, concealed hernia, constriction of bowel by a band or omentum, volvulus, impaction of concretions or of foreign substances, together

constitute, no doubt, a not inconsiderable proportion of acute obstructions, and typical instances of each of these present, for the most part, sufficiently distinctive features.

What proportion do these and other irremediable conditions bear to the more purely mechanical? Are not cases like Mr. Seaton's and Dr. Lands more common than is imagined?

On the evening of the 21st of October, Mr. Newstead, of Leeds, called for me to accompany him to a patient's house under the following circumstances: An engine-driver, aged 34, took his train as usual, from Leeds to Hull, on the 20th of October, arriving at the latter place in the evening. Whilst waiting for his return train to be made up, he was suddenly seized with abdominal pain, accompanied by vomiting and faintness. Utterly incapacitated, he was conveyed back to Leeds as a passenger; and when seen by Mr. Newstead at midnight, he was still vomiting, in pain, and collapsed. Next day the symptoms remained unabated, and when I saw him on the evening of the 21st, about twenty-four hours after the commencement of his illness, he was restless, tossing from side to side, vomiting a dark fluid with a stercoraceous odor, moaning continually, and almost pulseless. There was some abdominal tension, but the man was too ill for us to determine the presence or absence of tenderness. He died at eight o'clock on the following morning, about thirty-seven hours after the seizure. We learnt from his wife that he had for some years been subject to attacks of diarrhœa, for which he had several times been compelled to seek medical aid. This information, the suddenness of the attack, together with the extreme and continuous prostration, led us to conclude that an old-standing intestinal ulcer had penetrated the peritoneum, and given rise to fæcal extravasation—an opinion we deemed fully warranted by the facts, and confirmed by the rapid termination in death. On post-mortem examination, our diagnosis was not verified. Stretched horizontally across the lower abdomen, the appendix vermiformis was attached by its tip to the sigmoid colon; a knuckle of ileum had become adherent to the posterior and upper

surfaces of the displaced appendix, whilst beneath the whole, and tightly held down and constricted, lay a coil of jejunum, black with congestion. The adhesions were readily separated by the finger without the occurrence of any appreciable lesion in the gut, and the neighboring peritoneum, though congested, was not marked by any inflammatory products. Who can doubt that, had it been possible on Mr. Newstead's first visit correctly to diagnose the state of things discovered in this case after death, the operation of gastrotomy would have offered a very probable means of cure? Are such cases as this and the others I have mentioned more frequent than is generally supposed? I have myself seen several others; my medical friends have related to me many examples. What is the general experience of the profession? If it be in accordance with my own, and many of my colleagues and friends, and if I am right in concluding that, under circumstances unfavorable for operation, the exploratory incision, by enabling the surgeon to relieve tension, and to cleanse away harmful inflammatory products, is found, on the whole, to prolong life without adding to the sum of suffering, the exploratory incision ought to be more frequently resorted to than heretofore.—*British Medical Journal*, Sept. 27, 1879.—*Braithwaite's Retrospect*.

Extracts from Home and Foreign Journals.

S U R G I C A L.

FOREIGN BODY IN THE BASE OF THE ORBIT WITHOUT SYMPTOMS.

At a meeting of the Medical Society of Greifswald (*Deutsche Medicin Wochenschrift*, August 16th), Dr. Schirmer related a case in which a foreign body had remained five months in the orbit without producing remarkable disturbance. On February 20th, a soldier aged 25 came to the eye-clinic on account of entropium of the left lower eyelid; the middle part was specially affected, being turned inwards at an angle. The cause of this was apparent in the form of a cicatricial band extending from the edge of the lid to the lower fold; it implicated the conjunctiva and a portion of the tarsus, but left the cutis free. Another vertical cicatrix passed through the thickness of the whole upper eyelid, not quite reaching the edge. There was also a vertical cicatrix nearly an inch long on the forehead, reaching as far as the left eyebrow. In the previous October, during a fight, it was said, the patient had been wounded in the forehead and upper eyelid by a knife, but the eye had not been injured. These wounds were united by sutures; the injury of the lower lid was not noticed. The entropium had set in soon afterwards. On examination, it was found that the conjunctival cicatrix was firmly adherent to the base of the orbit, and it was hence supposed that the instrument which produced the injury had penetrated the antrum of Highmore, and had pushed a portion of the lower fold of conjunctiva into the opening of the bone, and that, perhaps, also a

broken portion of the knife remained there. No foreign body, however, could be felt with certainty in the orbit. An incision about four-fifths of an inch long was made through the soft parts along the lower border of the orbit, and the floor of the orbit was explored with a blunt instrument as far as the cicatrix. At this part there was found a broken piece of knife, with its back turned towards the border of the orbit, and its edge towards the eyeball. Some force was required in removing it. It was a piece of a knife about an inch and one-third long, and three-fifths of an inch wide. After its removal the lower eyelid regained its normal position, and the patient was discharged completely cured.—*British Med. Jour.*—*Medical News and Abstract.*

HOW TO GRASP THE PELVIS FOR FIXATION IN CONTRACTION OF THE HIP.

If a patient, with a contraction of the hip-joint, which is disguised by the oblique position of the pelvis, lies on his back on a level surface, the diseased leg touches with its posterior part the mattress, while the lumbar vertebræ are curved forward. If we now take hold of the healthy femur and bend it passively until it touches the chest, we see that the arch, which the lumbar vertebræ form above the mattress, flattens more and more as the flexion of the hip-joint increases. At last the column of the lumbar vertebræ is perfectly straight. At the same time the diseased femur rises from the mattress, and cannot be pressed down as long as the healthy femur is fixed. The cause of this is that the pelvis is fixed forcibly by aid of the passively flexed healthy leg. I shall only further point out that this position of the body may be of use both in *brisement forcé* and in gradual stretching of the hip-joint, whether we use passive manipulations or apparatus for extension. I was able to convince myself of the practicability of the method in question, both in *brisement forcé*, on account of contraction of the hip following coxitis, and in passive movements in cases of paralytic contraction with healthy hip-joint.

I have had no opportunity of trying whether this method may be of use by permanent extension. This might be done easily by fixing the flexed healthy femur, by aid of a broad band, while the diseased leg was permanently extended downward.—Dr. R. Gersung in *Centralblatt fur Chirurgie*.—*Buffalo Med. and Surg. Journal*.

LENS SUCCESSFULLY EXTRACTED BY A BLOW FROM A PIECE
OF WOOD.

L. S., aged 71, in chopping wood was struck in the left eye by a piece flying upward. When he presented himself at the hospital a few hours after the accident, a wound was found running horizontally across the upper portion of the cornea, stopping at either ciliary margin, and looking much like a clumsily made incision for cataract extraction. The anterior chamber was full of blood, and all sight had gone. To the eye was applied a four grain solution of atropia, cold water dressings were prescribed, and the patient directed to return to the Dispensary daily. In the course of time the blood was absorbed, and the wound healed without pain or trouble. As no inflammation ensued during the convalescence, it left a clear cornea, and as good, although irregular pupil as if from a large iridectomy. Now, three months after, the patient has a good eye. The lens is absent and the media clear, so that a good fundus is exposed to ophthalmoscopic examination. With a two and a half inch magnifying lens, he reads as well as most patients after a carefully performed and successful cataract extraction. A blow from a rough piece of wood did the successful cataract extraction in this instance.—*Maryland Medical Journal*.

FIRST SUCCESSFUL CASE OF CHOLECYSTOTOMY.

The case is reported by Mr. Lawson Tait. A painful movable swelling presented in the region of the right kidney. No decided diagnosis was made, but notwithstanding it was determined to practice abdominal section, which was done in the median

line. The swelling was then found to be due to a distended gall-bladder, in the entrance of the duct of which was found impacted a large gall-stone. The latter was removed by an incision into the sac. The operation was completed by stitching the edges of the incision in the sac to those of the abdominal opening, and partially closing the latter by sutures. The discharge of bile continued for a time, when the wound closed, and the patient was entirely restored to health. The operation was performed antiseptically under ether.—*Lancet*.

INSTILLATION OF ATROPINE IN IRIDODIALYSIS.

Moorehead, in the *British Medical Journal*, mentions a case of iridodialysis brought about by a violent contusion. About one-sixth of the periphery of the iris was detached on the temporal side. No hemorrhage in the anterior chamber.

The treatment consisted in immediate instillation of atropine and the application of a compressive bandage. In two hours the pupil was dilated to its maximum, and the dialysis almost invisible. This treatment was continued eight days, and union by first intention was complete. Evidently mydriatising brought the rent edges in apposition and effected the union.—*St. Louis Med. and Surg. Journal*.

GASTROTOMY IN INTESTINAL OCCLUSION.

This is looked upon with favor by the Society of Surgeons, Paris. It has been practiced while the patient had an acute attack of peritonitis, with a pretty rapid recovery. Other cases almost as alarming have attained equally good results. The diagnosis must be very conclusive and distinct, before this operation is resorted to. Should there be perforation of the intestine, a drainage tube may be inserted, although no hope of recovery can be entertained.—*Progrès Médical*, July 12th, 1879.—*St. Louis Med. and Surg. Journal*.

TRACHEOTOMY FOR CROUP.

The following conclusions are reached in an exhaustive paper on the subject in *Gaillard's Medical Journal*, January, 1880:

1. That tracheotomy is *per se* almost devoid of danger.
2. That fatal hemorrhage should almost never occur; and care with coolness will nearly always prevent apnoea from intracheal bleeding.
3. That age offers no contra-indications, although the average of success is less in early infancy and adult life.
4. That early operative interference—whenever the paroxysms of dyspnoea become at all lengthened—is demanded, since delay only adds to the suffering of the patient, and materially lessens the chances of recovery.
5. That the after attention is of prime importance; careful attention of the wound, proper treatment of the disease, and proper nursing with fair hygienic surroundings, being the essentials to a successful issue.

A DARING OPERATION.

An operation was recently performed by Pean, of Paris, which for boldness, is perhaps unique. The patient was suffering from cancer of the pyloric extremity of the stomach, completely blocking up the passage. He removed the pylorus and stitched the severed end of the stomach to the duodenum. The patient died on the fifth day.—*Southern Medical Record*.

M E D I C A L .

DANGERS OF THE TELEPHONE.

The introduction of new inventions among the practical requirements of civilized life brings with it its disadvantages. The telephone is destined to become a most useful agent in daily intercourse, but Dr. Pierce points out (*British Med. Jour.*) a source of inconvenience in its use. The following case exhibits a way in which the ear may be more or less injured. (*Druggists' Circular*). A woman was listening to a message when a violent clap of thunder took place, which appeared to be conveyed through the wire. The effect on the listening ear was that of complete numbness and deafness, accompanied by a sensation of giddiness, slight nausea, and tinnitus aurium. These symptoms, with the exception of the deafness, passed away in a few minutes. Dr. P. did not see the patient for three or four days after, and cannot speak as to the amount of deafness at first produced; but on the fourth day he examined the listening ear and found the hearing distance twenty forty-eighths of an inch. As his patient has always had perfect hearing with both ears, and had never experienced any difficulty in hearing, he thinks it very unlikely that this degree of deafness was due to any previous affection of the ear. She stated that she had never had anything the matter with her hearing until using the telephone. He had examined her lately, and found both ears and hearing distance quite normal, nearly a fortnight elapsed, however, before perfect hearing returned.—*Louisville Med. News.*

COLD BATHS IN TYPHOID FEVER.

In the last volume of the *St. Thomas Hospital Reports*, Dr. Ord continues the subject of baths in hyperpyrexia, on which he publishes an instructive paper in last year's *Reports*. He now

details ten cases of enteric fever in which the graduated bath was used, and two of which ended fatally. Notwithstanding this somewhat average death-rate, he is of opinion that the systematic employment of this kind of bath as early as the seventh or eighth day of fever, is likely to contribute importantly to the reduction of mortality from enteric fever in hospitals. He sums up, most concisely, his observations as follows:

"That the graduated bath—reduced during a period of from twenty minutes to thirty minutes, from between 90° and 100° to 70° and 60° Fahr.—is a powerful agent in the reduction of febrile temperatures; that in enteric fever it is most efficient and most safely applied early in the disease; that it is not contra-indicated by intestinal, cerebral, or pulmonary complications, but, on the contrary, tends to check them; that it is contra-indicated by feebleness or rapidity of the pulse, or by great exhaustion; that it is desirable in many cases of intense fever to use the bath more than once, in fact, to repeat it as long as the fever is unchecked, but not to repeat it at shorter intervals than twelve hours, an apparent revival of the temperature often subsiding after such a period."—*Med. and Surg. Reporter.*

A NEW METHOD OF ADMINISTERING KOOSSO.

Of all the remedies for tape worm, none is more certain or efficient than koosso, and many efforts have been made to bring it into such pharmaceutical shape that, while its properties as a tonic remain unimpaired, it might be administered without repugnance. Dr. Corre, some years ago, proposed the following method, which has been successfully used in many cases:

One-half ounce of fresh-powdered koosso is treated with one ounce of hot castor-oil, and afterward with two ounces of boiling water by displacement; express, and by means of the yolk of an egg, combine the two, percolate into an emulsion, and add forty drops of sulphuric ether, flavoring with some aromatic oil. This is to be taken at one dose early in the morning, after a previous fast of about eighteen hours.—*Buffalo Med. and Surg. Journal.*

ETHER WITH COD-LIVER OIL.

Years ago, Dr. B. W. Foster, of Liverpool, recommended the combination of ether with cod-liver oil, as rendering the oil more palatable and more assimilable. It is mentioned in the first and subsequent editions of *Napheys' Therapeutics*. A Committee of the New York Therapeutical Society appointed to investigate the subject, reached the conclusions:

1. That the addition of ether to cod-liver oil in about the proportion of fifteen minims to each half ounce, or an equivalent amount of the compound spirit of ether, will succeed, in the vast majority of cases, in enabling the patient to take the oil, even though it previously disagreed.

2. That in some cases in which the oil still disagrees after the addition of the ether, the difficulty may be overcome by giving the ether separately, from fifteen minutes to half an hour after the oil is taken.—*Med. and Surg. Journal*.

PHYSIOLOGICAL EXPERIMENTS ON A PERSON DECAPITATED.

Observations made on a criminal beheaded by the guillotine, and communicated by M. Decaisne, show that both sensation and life are extinct in five minutes. The brain presented nothing of interest more than a rather bloodless condition on section. All the muscles responded to electricity for an hour and a half after execution, or up to the moment when the remains were taken in charge by the grave-diggers. Various expressions could be in this way communicated to the face; the teeth could be made to grind and chatter; the eyes to roll and the eyelids to open and close; the arms to extend and flex; the hand to grasp firmly that of the experimenter; movements of artificial respiration excited, etc. The object of the experiments was to show that death is immediate on decapitation by the blade of the guillotine.—*South-ern Clinic*.

BENZOATE OF SODA IN DIPHTHERIA.

From the experiments of Broun, Dr. Bogust commenced, in Moscow, with this treatment, but adding hydrate of chloral to each dose, and also applying the remedy locally. The only inconveniences were the taste and smell of the medicine; sometimes also nausea and vomiting followed. In these cases the medicine was administered per enemata, and with as good results. Dr. Maldsinevich also used the same remedies with similar results—immediate cessation of the fever and swelling, and removal of false membrane, and cure in three days.—*Revue de Sciences Medicales*.—*Virginia Medical Monthly*.

NEW REMEDY FOR SNEEZING.

Dr. S. M. Bradley (*Brit. Med. Jour.*, Dec. 27, 1879) states that during fits of sneezing he has obtained instant relief by plugging the nostrils with cotton wool. There was no inconvenience from the presence of the cotton pledgets, as they were made sufficiently firm not to tickle, and left so loose as to readily permit breathing. The rationale of the method seems to consist in the maintenance of an uniform temperature over the entire Schneiderian membrane.—*Detroit Lancet*.

A ZULU ENEMA.

One common mode of treating disorders of the bowels is by enema (*Lancet*). This is done by passing the small end of a cow's horn into the anus; a Kaffir or Zulu will then pour (generally sea) water into the large end, administering in this manner two or three pints at one time. This is retained for a while; the patient sometimes running about, jumping, and even standing upon his head. The fluid is then allowed to escape. This proceeding is frequently repeated.—*Louisville Medical News*.

OBSTETRICS.

MAMMARY INFLAMMATION TREATED BY THE APPLICATION
OF ICE.

Mrs. H—, aged thirty-eight, was confined of her third child on May 31, 1879, and did well for five days. On the morning of the 6th she had a severe rigor, but was better the next day, and on the eighth day expressed herself as feeling so well that I did not see her again until the 10th, when I found her suffering great pain from inflammation of the left breast, which had commenced the day before. Nearly the whole breast was involved, but all below and to the left of the nipple was one hard mass. From past experience I could expect nothing but a large abscess and four or five weeks' trouble, with certain loss of the breast now and probably for the future also. Remembering Mr. Browne's suggestion in the *Journal* of May 31st, I determined, with the patient's consent, to try his plan, using a large Chapman's spine-bag filled with ice, which encircled the lower half of the breast. It felt very cold indeed for a minute or two, then a considerable quantity of milk was shot out as from a syringe (no milk had flowed before), the pain abated, and in an hour was almost gone. I now renewed the ice in the bag, and the patient kept it closely applied with her arm, which was protected from the cold by a folded towel. Next morning I found her hugging the ice-bag and loud in its praise. She continued suckling her infant, but she suggested that the baby should not be put to the breast oftener than two or three times in the twenty-four hours. On the fourth day after the commencement of the ice the most careful examination failed to detect anything wrong in the breast, and she is now quite well and nursing her child. No other remedies were used, and I thank Mr. Browne for one of the

most valuable hints I have ever got, and wonder why he has not told us before.—D. M. Williams in *The British Med. Journal*.—*Canada Med. Record*.

IODOFORM IN GYNECOLOGICAL PRACTICE.

E. Heinrich Kisch finds that iodoform is not only useful as a corrective of the pain and bad odor of cancer cervicis uteri, as noted by others, but that it is also of high value for the purpose of causing the absorption of exudations, favorably altering the secretion of the diseased mucous membrane, and materially reducing the hyperesthesia. He considers the absorptive efficacy of iodoform to be far superior to that of the customary iodide of potash solutions and iodine ointments; it has also the advantage over tincture of iodine, of not irritating the erosions or ulcerations of the cervix to which it is applied. Its local anæsthetic effect is greater than that of any other preparation of iodine.

He uses a solution of one part iodoform to ten of glycerine, with the addition of six drops of ol. menth. pip. (to be shaken before using). The oil is added to correct the peculiar odor of the iodoform. A cotton tampon is to be saturated with the solution, and left in contact with the vaginal portion of the cervix for several hours; at the same time the solution is to be rubbed, for two or three minutes, into the skin over the lower part of the abdomen and the inguinal region; these parts are then to be covered for several hours with thin gutta-percha. This treatment may best be employed at bed-time; in the morning the tampon should be removed, and the abdominal surface washed off.—*St. Louis Courier of Medicine*.

COLD AND HOT WATER IN POST-PARTUM HEMORRHAGE.

Dr. Lombe Atthill says (*Dublin Journal Medical Science*) that in the lying-in hospital of Dublin this method has been adopted as a regular routine treatment.

The method of carrying out the practice is exceedingly simple. An ordinary syphon syringe is the only instrument required, though we now use one with a long vulcanite nozzle specially

constructed for vaginal and intra-uterine injection. This is carried up to the fundus, and, with the usual precautions against injecting air, and securing a free return, we inject water as hot as can be conveniently borne by the hand,—i. e., 112° F.—in a full stream into the cavity, continuing thus until a good contraction is secured, and the water returns quite clear and colorless.

The following are some of the results of our experience in the use of hot water:

1. In cases of sudden and violent hemorrhage in a strong and plethoric woman, it is better first to use cold.

2. Where from the prolonged or injudicious use of cold, the patient is found shivering and depressed, the beneficial effect of injecting hot water is rapid and remarkable.

3. In nervous, depressed, and anæmic women, hot water may at once be injected, without previously using cold.

4. In cases of abortion, where from uterine inertia the ovum, although separated from the uterine wall, is wholly or in part retained, the injection of hot water is generally followed by most satisfactory results.

5. Where the injection of the perchloride of iron is considered necessary, previous injection of hot water clears the uterus of clots, etc., permitting the fluid to come directly in contact with the bleeding surface, and lessening the chances of septic absorption.—*Med. and Surg. Reporter.*

PUERPERAL HÆMOPTYSIS.

In two interesting clinical lectures reported in the *Union Médicale*, Nos. 94 and 96, Prof. Peter relates some cases which have occurred in his practice, of hæmoptysis occurring either during pregnancy, or after delivery, or while suckling. There is, in fact, a normal pulmonary plethora in these condition, revealed by an increase of temperature to the extent of half a degree (C.) or more at the lower intercostal spaces. This pulmonic plethora may in some cases become transformed into pulmonary congestion or inflammatory action, but is independent of the presence

of tubercles. Not only do these cases differ from tubercular hemorrhage by the absence of the signs of tubercularization, but also, and principally, by the character of the sputa. These, indeed, may be of a bright red at first, but they speedily become of a blackish red, and later even quite black. At first more or less large in size and distinct from each other, at a later period they are small in volume, and almost always of a slight abundance. Moreover, they are not accompanied by mucosities. In other words, they are such as are observed in pulmonary apoplexy, and in fact it is really a pulmonary apoplexy which gives rise to them. In typical cases of this kind there is a complete absence of fever, but in others there may be more or less fever, and even slight broncho-pulmonary inflammation. In treating such cases, according to whether fever is or is not present, mere expectation, or cupping, blistering laxatives, and antimony, may be required.—*Med. and Surg. Reporter.*

DOUBLE VAGINA AND CERVIX UTERI.

Dr. Blackwood reports a virgin who had two vaginæ and two openings into the womb; that on the right side at an angle of about ten degrees, that on the left at twenty degrees, each pointing outward to the right and left. Each cervix was normal in size, and patulous to the os uteri. The body of the uterus seemed to be normal in shape and size. It was freely movable and not tender. The right cervix was dilated, and the sound entered to the fundus, two and a half inches. The left cervix was afterward dilated, and the sound indicated two and three-fourths inches, a difference of a quarter of an inch, due probably to the elongation of the cervix from dilatation. A complete septum divided the cavity of the womb. The lady was regular, but at alternate months there was considerable pain, which was always upon the left side. Careful examination during the menses showed the flow to be unilateral, and from different sides each month, except once, during thirteen months' observation.—*Philadelphia Medical Times.*—*Louisville Medical News.*

Editorials, Reviews, Etc.

PUBLISHER'S NOTICE.—The JOURNAL is published in monthly numbers of FORTY-EIGHT pages, at three dollars a year, to be always paid in advance.

All bills for advertisements are to be paid quarterly, after the first insertion of the quarter.

A Postoffice Order is the cheapest and best mode of remittance; after that, a Registered Letter, or Draft on a Bank. Postmasters' receipts we have had *ad nauseam*.

We will not be responsible for money, unless sent by Express, Postoffice Order, or Registered Letter.

NOTE. The JOURNAL is on file with H. B. Conrad, M. D., 174 East One Hundred and Twenty-second Street, New York City, where advertising contracts can be made.

All communications must be addressed to

C. S. BRIGGS, M. D.

MEDICAL DEPARTMENTS OF THE UNIVERSITY OF NASHVILLE AND OF VANDERBILT UNIVERSITY—COMMENCEMENT EXERCISES.

The Annual Commencement of the Medical Departments of the University of Nashville and of Vanderbilt University was held in the Masonic Theater, February 26th. The hall was filled to repletion with a large, fashionable, and attentive audience. The Faculties and Trustees of the two Universities, and prominent members of the medical and legal professions occupied the stage. After prayer by Rev. Dr. Fitzgerald, editor of the *Christian Advocate*, the class valedictory was delivered by Edward M. Dance, of Tennessee. This address was well written, well delivered, and appropriate to the occasion. The charge to the graduating class, by Van S. Lindsley, Professor of Physiology, consisted in an able review of the past history, present status and probable future of medical education in the United States. We

hope in our next issue to be able to present this address in full to our readers. A noticeable and pleasing feature of the occasion was the profusion of elegant boquets presented to various members of the class by their young lady friends. After Prof. Lindsey's address, the degree of M. D. was conferred by Chancellor Garland, of the Vanderbilt University, and Chancellor Stearns, of the University of Nashville, upon the following graduates :

J. F. Alexander, Ky.	I. N. Johnson, Tenn.
J. W. Allen, Tenn.	J. H. Johnson, Tex.
L. T. Allen, M. D., Ky.	W. A. Johnson, Tenn.
Everett T. Almon, Ky.	H. H. Jones, Tenn.
J. C. Anderson, Ala.	J. U. Kent, Tenn.
J. A. Atkisson, M. D., Ark.	W. J. Kernachan, Ala.
E. W. Bailey, Tenn.	J. W. Kinzer, Tenn.
A. T. Baird, M. D., Tenn.	J. A. Lane, Ga.
D. F. Banks, Tenn.	F. M. Lenoir, Tex.
James P. Barnett, Tenn.	D. N. Lee, M. D., Ky.
Maney Bell, Tenn.	C. W. Lester, Ky.
W. S. Blakeman, M. D., Tenn.	J. R. D. Long, Tex.
George D. Bond, Tenn.	B. H. McCallon, Tenn.
John L. Bone, Tenn.	J. H. W. McReynolds, Tex.
Robt. M. Bone, Tenn.	F. A. McShane, Miss.
Green S. Booker, Ky.	F. B. Maner, Tex.
W. T. Brandon, Tenn.	W. H. Martin, Tenn.
J. H. Brazleton, Ala.	F. M. Matthews, Tenn.
J. C. Brooks, Ala.	Wm. F. Matthews, Tenn.
George G. Buford, La.	Y. Hooper Menees, Tenn.
John R. Burton, Tenn.	B. F. Moody, M. D., Tenn.
B. D. Caldwell, Tenn.	A. B. Moore, M. D., Tenn.
L. W. Caldwell, Ala.	E. D. Moore, M. D., Tenn.
T. P. Callicott, Tenn.	Saint John Naftel, Ala.
Frank T. Carmack, Miss.	Edward Y. Napier, Tenn.
Hiram B. Carney, Tenn.	Wm. A. Nicholls, Tenn.
N. L. Carney, M. D., Tenn.	I. T. Norman, M. D., Ky.
Robt. Caruthers, Jr., Tenn.	Henry Owen, M. D., Ark.
Kossuth Coats, Ark.	R. J. Padelford, Miss.

- F. H. Compton, Tenn.
J. C. Connell, M. D., Tenn.
Chas. T. Cooper, Miss.
Jacob D. Cooper, Tenn.
W. W. Corbitt, M. D., Tenn.
William W. Core, Tenn.
James B. Covey, Ala.
W. C. Cross, Ala.
Z. T. Cunningham, Ky.
Edward M. Dance, Tenn.
W. T. Davis, M. D., Tenn.
George M. Dorris, Tenn.
R. P. Dozier, Tenn.
W. A. Dulaney, Tenn.
W. P. Dunbar, Tenn.
J. W. Dunn, Tenn.
A. D. Eakin, Tenn.
V. O. Edmundson, Tenn.
J. T. Edwards, Tenn.
T. E. Elliston, Tenn.
C. LaF. Eves, Tenn.
W. A. Fanning, Tenn.
J. L. Foster, Tenn.
S. W. Frey, M. D., Tenn.
E. A. Gillespie, Tenn.
V. Gist, Tenn.
M. J. Gray, Tenn.
J. J. Goodloe, Ark.
J. F. Goldman, M. D., Tenn.
W. H. Gregg, Tenn.
T. J. Hardison, Tenn.
J. M. Henderson, Miss.
G. W. R. Hill, Tenn.
W. A. Hodges, Miss.
J. H. Hurt, Jr., Ky.
W. C. James, Mo.
W. A. Johnson, M. D., Tenn.
Wm. M. Paine, Miss.
Wm. G. Patrick, Tenn.
E. J. Peck, M. D., Tenn.
Thos. J. Perry, Miss.
Wm. E. Prichard, Tenn.
F. M. Proctor, M. D., Tex.
Isaac N. N. Rawles, Tenn.
Daniel B. Reed, Tenn.
R. P. Ransom, M. D., Tenn.
James D. Renick, Ky.
Henry F. Rhea, Tenn.
Thos. F. Robinson, Ala.
C. W. Rogers, Tenn.
Jno. W. Rogers, Tenn.
Michael Ryan, Tenn.
James L. Sadler, Miss.
Wm. B. Sanford, Miss.
Oscar Sargent, Ala.
Harvey B. Scott, Ala.
J. W. Scott, M. D., Fla.
Wm. C. Shelton, Texas.
J. J. Smith, M. D., Ark.
J. R. Southworth, M. D., Ark.
J. H. Strider, M. D., Ark.
S. M. Thompson, M. D., Tenn.
J. N. Thaxton, Tenn.
J. E. Tompkins, Ala.
G. E. Townsend, M. D., Ky.
Dave A. Walker, Tenn.
Isaac B. Walton, Tenn.
J. H. Washington, M. D., Tenn.
S. T. Williams, M. D., Tenn.
J. C. Wasson, Tenn.
Marcellus Whitney, Ky.
Thos. J. Wingo, Miss.
W. H. Winters, Tenn.
Lawrence Wooten, Tenn.

The Honorary Degree of Doctor of Medicine was conferred upon A. G. Donohoe, of Hartsville, Tenn., by the University of Nashville.

AWARD OF PRIZES.

The following prizes were awarded by the Faculty :

University of Nashville Medal, for superior acquirements, to Arthur D. Eakin and Charles LaFayette Eves, both of Tennessee, who were so evenly balanced that no decision could be made between them.

Vanderbilt University Medal (Founder's Medal), for superior acquirements, to George Gillespie Buford, of Louisiana.

The following prizes were also awarded by private instructors to members of their quiz classes :

By the University Quiz Class, conducted by Dr. C. S. Briggs, Surgery and Anatomy ; Dr. A. Morrison, Physiology and Materia Medica ; Dr. W. G. Ewing, Gynecology, Chemistry and Pharmacy ; Dr. O. H. Menees, Obstetrics :

To W. C. James, Gold Medal for best general proficiency.

To W. M. Paine, Gold Medal for second best general proficiency.

To G. G. Buford, Gold Medal for third best general proficiency.

By Dr. R. W. Steger, Class in Physical Diagnosis, Gold Medals to W. P. Dunbar and J. H. W. McReynolds.

Practice of Medicine and Medical Emergencies, Gold Medal to M. Ryan.

By Dr. W. D. Haggard, Class in Clinical Obstetrics, Gold Medal to J. N. Rawles.

The summer course of lectures was announced to begin on the first of March, and the next regular session on the first Monday in October next.

The audience was dismissed with the benediction by Rev. T. G. Jones.

MEETING OF THE ALUMNI.

The Alumnus Association of the Medical Departments of the University of Nashville and Vanderbilt University, held their annual meeting in the hall at the Medical College, yesterday morning. A large number of the Alumni were present.

The meeting was called to order by Prof. T. L. Maddin, with appropriate remarks.

Prof. Menees was called upon, and responded with a beautiful and eloquent address.

The following officers were elected for the ensuing year :

C. W. Rodgers, of Tennessee, President.

T. E. Elliston, of Tennessee; J. D. Renick, of Kentucky; W. C. James, of Missouri; R. J. Padelford, of Mississippi; G. G. Buford, of Louisiana; J. A. Lane, of Georgia; J. H. McReynolds, of Texas; H. S. Pendergrass, of Arkansas; W. C. Cross, of Alabama, Vice Presidents.

J. H. Hurt, of Kentucky, Treasurer.

J. C. Wasson, of Tennessee, Corresponding Secretary.

Dr. J. W. Dunn, of Tennessee, of the present year, was chosen to deliver the Alumni Address at the next meeting of the Association.

A resolution was adopted fixing the time of the annual meeting on the Wednesday preceding the annual commencement exercises.

WE are indebted to the kindness of Dr. M. Baxter, of the Medical College Hospital, for having taken control of the JOURNAL during our recent prolonged illness. To correspondents who have failed to receive answers, we would say that they shall be fully attended to. We hope that in a short time we may, as usual, have the numbers of the JOURNAL appear with its accustomed regularity at the first of each current month. We would here again urge upon our friends the importance of making it a point to communicate to the JOURNAL such of their experience as may prove of interest and profit to our readers. Again we would insist upon our subscribers paying their subscriptions promptly, and not let their indebtedness assume such proportions as to alarm them into the notion of not paying at all. And again we would beg such as wish their subscriptions stopped to pay before writing for it to be stopped.

WE observe in looking over our exchange list many new faces, to each of which we extend a hearty welcome. Many of the old exchanges have dropped by the wayside, for whom we drop a silent tear. We regret that we have not space nor opportunity to notice the new arrivals upon the stage of medical journalism, but promise ourselves the pleasure of doing so soon.

A SPRING course of lectures is announced to be conducted by the Assistant Professors in the Medical Departments of the University of Nashville and of Vanderbilt University. This course will be considered as preparatory to the Fall and Winter lectures, and will be of great value to students.

WE have received from Messrs. Keasbey & Mattison, manufacturing chemists, Philadelphia, Pa., a number of elegant samples of their preparations. We shall take pleasure in announcing the result of our experience with them in a future number of the JOURNAL.

WE regret to announce the death of Dr. R. C. Thomas, an eminent physician of Bowling Green, Ky., who died suddenly of heart disease while in attendance upon a patient. Dr. Thomas was a most arduous and successful practitioner, and enjoyed among the people with whom he lived, such esteem and confidence as is allotted to but few. During the late war he served as surgeon in the Confederate Army, serving throughout the entire war. At its close he located in his native town, where he has since continued to reside. At the time of his death he was a member of the State Board of Health. The last transactions of this Board contained a valuable article by him upon the History of Yellow Fever in Bowling Green. In his death the profession has lost a devoted member, and the community in which he lived, its most attentive and untiring practitioner.

OBITUARY.

DEATH OF DR. WM. A. MCCALL.

The class of 1874 will be pained to hear of the death of one of our co-laborers. Dr. WM. A. MCCALL died at his residence, in Hollow Rock, Tenn., at 5 o'clock A. M., Monday, Feb. 2, 1880, after a brief illness from pneumonitis, in the thirty-third year of his age. His death has created a vacancy in the ranks of the profession that will be hard to fill, and our community has sustained an irreparable loss in his untimely death. His scholastic attainments were of a very high order, and up to the very latest researches and discoveries he was fully informed. Scientific and literary culture were by him highly prized and industriously sought. The higher moral and religious refinement was eagerly sought and largely enjoyed. He was never satisfied with a partial knowledge, but delighted in thoroughness in all the fields of investigation and heights of attainment. He placed a very high estimate upon the medical profession, and left nothing undone within the reach of possibility, to give force and weight to this estimate. Quacks and charlatans he could not countenance. He brought into subjection all his generous and sympathetic nature in always refusing to give standing or prestige by consultation with pretenders or imposters. He always remembered the sacred nature of the relation of the physician in his profession with families and patients under his care. He was the very soul of honor, possessing very high religious gifts and attainments. He was the intimate and loved friend, the prudent counsellor as well as the trusted and beloved physician. At the early age of thirty-three, at his very entering upon a career that seemed full of promise, he was called hence, leaving many aching hearts and a void in the profession that will be difficult to fill. To his lonely and bereft companion and lovely children, his aged father and kind and loving mother, his sorrowing relatives and friends, we tender our heart-felt sympathies.

JAMES B. COX, M. D.,
JOHN PHILLIPS, M. D.

Hollow Rock, Tenn., Feb. 18, 1880.

BOOK NOTICES.

THE TRANSACTIONS OF THE AMERICAN MEDICAL ASSOCIATION. Instituted in 1847. Vol. XXX. Philadelphia: Collins. 1879.

Volume XXX of the Transactions of the American Medical Association is on our table. It is an unusually large volume and contains a great deal that is useful and interesting. The work in the Sections was for the most part better than usual. A number of important papers were presented in each of the Sections. The address of the Chairman of the Surgical Section, by Dr. Moses Gunn, of Chicago, Ill., on Suppuration, elicited general commendation. Other papers of interest are, the reports on Prevention of Bowel Affections in Children, by N. S. Davis, M. D., of Chicago; that on Electrolysis of Uterine Fibroids, by Ephraim Cutter, M. D., of Boston. A most exhaustive paper on Urinary Calculus was read by Dr. Henry Frazer Campbell, of Augusta, Ga., and will prove of great value for reference. A paper to show the value of the Plaster of Paris Jacket in the Treatment of Spondylitis or Potts' Disease of the Spine, with report of one hundred and nine cases treated by that method, occupies a great portion of the book. The prize essay by Allan McLane Hamilton, M. D., of New York, on Primary and Secondary Degeneration of the Lateral Columns of the Spinal Cord is published in this volume. On the whole, it will compare favorably with any previous volume of Transactions.

CLINICAL LECTURES ON THE DISEASES OF WOMEN, delivered in Saint Bartholomew Hospital. By J. MATTHEWS DUNCAN, M. D., LL. D., F.R.S.E., Etc. Philadelphia: Henry C. Lea. 1880.

The name of the author of this little book, inspired us with the belief that it would be unusually good, and a careful perusal

satisfied us that we were correct in our supposition. We have not, for a long time, so thoroughly enjoyed reading a book as we have this one. It is a perfect little "treasure trove." Apart from the intrinsic worth of the book, it carries with it an additional recommendation to the American profession, in being dedicated to the most distinguished American physician in the department of Obstetrics and Gynecology, Dr. Fordyce Barker, of New York. It consists of nineteen lectures originally published in the *Medical Times and Gazette* and the *Medical Examiner* and republished in book form. The author has, in several chapters, chosen his subjects from the borderland between obstetrics and gynecology, and made them the most interesting in his book. Chapter I, on Missed Abortion, Chapter II, on Abnormal Pelvis, Chapter XIII, on Hepatic Diseases in Gynecology and Obstetrics, belong to this class. From the very novelty that attaches to these subjects additional attraction is imparted. Chapter IX, on Aching Kidney, and Chapter VIII, on Painful Sitting, subjects not usually treated of in works of this kind, will prove useful, as they tend to shed considerable light on these rather obscure troubles. The other chapters contain matter such as is usually found in text books, but handled as only the distinguished author can. If any one desires to obtain a work from which he may derive not only pleasure but profit, we can cheerfully refer him to this one.

MANUAL OF THE PRINCIPLES AND PRACTICE OF OPERATIVE SURGERY.
By STEPHEN SMITH, A. M., M. D., Surgeon to Bellevue and St. Vincent Hospitals, New York. Boston: Houghton, Osgood and Company. New York: 21 Astor Place. The Riverside Press, Cambridge. 1879.

We know of no modern work on Operative Surgery with which we have been as much pleased as we have with this one. It is complete, fully up with all recent advances in surgery, and written in a most pleasing and forcible style. As a work of reference it will prove of the greatest value to both the general practitioner and the specialist. Every operation is described in

all its details in the most lucid manner. We, however, regret very much that the author saw fit to make such a small book of it. The type is so small that it detracts from its value. We hope that in its next edition the work may assume the proportions it deserves. Even with this serious inconvenience, we regard it as decidedly the best work of the kind recently published.

A. MANUAL OF PATHOLOGICAL HISTOLOGY. BY V. CORNIL, Assistant Professor in the Faculty of Medicine of Paris, and L. RANVIER, Professor in the College of France. Translated, with notes and additions, by E. O. SHAKESPEARE, A. M., M. D., Lecturer on Refraction and Operative Ophthalmic Surgery in the University of Pennsylvania, and Ophthalmic Surgeon and Microscopist to the Philadelphia Hospital, and J. HENRY C. SIMES, M. D., Demonstrator of Pathological Histology and Lecturer on Histology in the University of Pennsylvania. With three hundred and sixty illustrations on wood. Philadelphia: Henry C. Lea. 1880.

The above work indicates by its title, *Manual of Pathological Histology*, which is well chosen, the object of publication. The authors, recognizing the importance of having a correct understanding of normal histology, have incorporated in the work a chapter upon the "Constitution of the Cells of Normal Tissues while the Normal Histology of each organ is rapidly reviewed before commencing the study of its pathology."

The work is translated in an able manner, with such additions as are thought appropriate, by E. O. Shakespeare, A. M., M. D., and J. Henry C. Simes, M. D., of Philadelphia. The illustrations are numerous and well executed. We are much pleased with the plan of the work, and recommend it highly as a work of reference.

A. BIOGRAPHICAL DICTIONARY OF CONTEMPORARY AMERICAN PHYSICIANS AND SURGEONS. Edited by WILLIAM B. ATKINSON, M. D., Permanent Secretary of the American Medical Association, and of the Medical Society of the State of Pennsylvania, etc., etc.

Second Edition, Enlarged and Revised. Philadelphia: D. G. Brinton, 115 South Seventh St. 1880.

The second edition of this book, enlarged and revised, has been received. The most noticeable alteration in the work consists in the omission of the steel engravings of the most noted members of the profession. This work, in its first edition, received a larger share of general abuse from the medical press than any other recent publication. We can not say that the criticisms were entirely unmerited, for it is naturally impossible for a work made on the plan this was to be of much historical worth. It is, for the most part, a collection of autobiographies. In it the pigmies of the profession, with long genealogies, and with numerous unimportant details of their lives, become giants, while beside them the really great in comparison sink into insignificance. While the object of the work is certainly meritorious, as being to furnish a correct statement of the standing and attainments of every member of the profession, we must confess that in this the object has not been attained, and leaves us still in hope that it may be carried out more successfully some time in the future.

A MANUAL OF AUSCULTATION AND PERCUSSION; Embracing the Physical Diagnosis of Diseases of the Lungs and Heart, and of Thoracic Aneurism. By AUSTIN FLINT, M. D., Professor of the Principles and Practice of Medicine and of Clinical Medicine in the Bellevue Hospital Medical College, etc. Second Edition, Revised. Philadelphia: Henry C. Lea. 1880.

The second edition of the above work, thoroughly revised, has been received. It is a work well calculated to meet the wishes of the profession. As a hand-book of ready reference for the practitioner, it is unequaled, and as such merits the popularity accorded to the first edition.

PAMPHLETS RECEIVED.

Annual Address before the American Academy of Medicine, at New York, September 16, 1879; by Lewis H. Steiner, A. M., M. D., of Frederick, Md., President of the Academy; Permanent Member American Medical Association; Fellow American Association for Advancement of Sciences, etc. Published by direction of the Academy. New York, 1879.

The *College and Clinical Record*. A monthly medical journal, conducted especially in the interest of the graduates and students of Jefferson Medical College. Edited by Richard J. Dunglison, M. D., and Frank Woodbury, M. D. Philadelphia, 1880.

Boracic Acid. A New Remedy in Eye Diseases. By Samuel Theobald, M. D., Surgeon to the Baltimore Charity Eye and Ear Dispensary; Ophthalmic and Aural Surgeon to St. Vincent's Hospital, Baltimore. Reprinted from the *Medical Record*, February 7, 1880, with supplementary note. New York, 1880.

Ninety-Seventh Annual Catalogue of the Medical School (Boston) of Harvard University, 1879-80. Reprinted from the Catalogue of the University. Cambridge, 1879.

Bathing, Cupping, Electricity, Massage. A comparison of the Therapeutic Effects of Bathing, of Cupping or Atmospheric Exhaustion, of Electricity in the form of Galvanism and Faradism, and of Massage, in the Treatment of Debilities, Deformities and Chronic Diseases, by David Prince, M. D., of Jacksonville, Ill. Reprinted from *American Practitioner*, February, 1878.

Illustrated Catalogue of Surgical Instruments and Physicians' Goods, by Sylvester S. Bliss, 70 State St., Chicago, 1880.

A Protest Against Meddlesome Midwifery, by H. Gibbons, Sr., M. D. Read before the San Francisco County Medical Society. San Francisco.

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NASHVILLE JOURNAL OF MEDICINE AND SURGERY.

SECOND SERIES.

Vol. XXV. NASHVILLE, TENN., APRIL, 1880. No. 4.

Original Communications.

CHARGE TO THE GRADUATES IN MEDICINE ON PART OF THE FACULTY.

BY VAN S. LINDSLEY, M. D.,

Professor of Physiology and Diseases of the Eye and Ear, University of Nashville and Vanderbilt University.

Graduates in Medicine.—It is your fortunate lot to enter professional life at a most auspicious time. Had you the ordering of your destiny, with full power to cast it when and where you desired, you could not have chosen more wisely. Your ardent pursuit of knowledge has been undisturbed, and everything has conspired to facilitate your progress.

Roseate hope has beckoned you onward thus far, strewing life's pathway with pleasant memories and dear associations, as an earnest of the future into which you are about to step with the capacities and responsibilities of men.

Our common country is at peace with the world and itself, and offers to you its treasures more varied and plentiful than can be enjoyed beneath the ægis of any other government. An era of prosperity which embraces in its wide reach the remotest limits of our territory, has at last dawned to illuminate every home. The attention of our people is now occupied with celebrating centennials, commemorative of the founding of cities, and great exploits of renowned ancestors. Every department of business, whether productive or speculative, has recently received an awakening impulse, causing capital and labor to join friendly hands to advance material prosperity and contribute to the comfort and happiness of all classes.

The South, soon to become the permanent home of many of you, has been blessed with a second Whitney, by whose invention its chief production may be changed into merchantable products on the spot where it is grown, thus pouring into her lap untold millions of money. The Clement attachment creates a second era of prosperity for our southern half of the Union, which promises to eclipse the first era made possible by Whitney's invention. Our country smiles radiant with hope, joyous in the expectation of great achievements, and conscious of the power to accomplish much in the near future.

"Thy reign is the last and noblest of time,
Most fruitful thy soil, most inviting thy clime,
Let the crimes of the East ne'er encrimson thy name,
Be freedom, and science, and virtue thy fame."

What a grand theatre for the future development of American medicine! There has never been an epoch in the world's history, or a cluster of men remarkable for their genius and great deeds, in which medicine has not appeared as an integral factor of influence. Her representative men have been equal in every respect to those who have led the advance guard in other departments of knowledge. The history of medicine for the past 2,300 years proves this to be true.

I have not space to make good this assertion by illustration,

but wish to make the claim for American medicine that it has, during the last 100 years, been fully equal to the demands made upon it in point of advancement and representative men.

A long line of noted worthies, reaching back to the first settlement of our country, has adorned and enriched the pages of medicine by their heroism, their bold surgical operations, and lofty character. These men who have made the history of the past, are but a promise of the future, that American medicine shall not be left behind, in all this grand material development which is now awakening the energies of all classes.

I can allude to but a few of these noted men in passing, and take but a hurried glance at the system by which they were prepared for duty, and then, by way of comparison, consider some of the changes now being proposed for the more thorough education of the coming doctor.

Although much has been said against the system of education which prepared students during the past century, it could not have been so inefficient and meagre, if we look at the splendid results which followed, and upon which our expectations of the future are based.

We may plead in extenuation, that this system has given us a Benjamin Rush, who shone equal to any in the bright galaxy of nature's gifted ones, who adorned the period of our nation's birth. He upheld the dignity of medicine, by being called as a peer, to walk with those who occupied the high places in art, science and State craft. It has produced a Physick, the father of American surgery, the accomplished scholar, the lucid writer, and the eloquent teacher. Valentine Mott, the brilliant and daring surgeon, belonged to this period. It was he who first essayed to tie large arterial trunks which had hitherto baffled the skill of predecessors, both in Europe and America, thus carrying his fame to two continents!

Daniel Drake's genius was fostered and cultivated by this early system. His wonderful powers of accurate observation and original investigation into the causes of disease peculiar to this

continent, his force and vigor as a writer, will long cause his works to be studied as models of research and philosophic deductions. His writings, like those of some great minds, who have preceded him, have lain dormant for a period, but are now beginning to excite attention, and must ever be a great store-house of valuable facts.

The name of Nathaniel Chapman comes to memory as a prominent land-mark, and stands a beacon light, casting its rays athwart a large part of the history of American medicine. His witty sayings and humorous anecdotes still linger among us and contribute to many enlivening scenes at social medical gatherings. Nature endowed him with warm, generous sympathies, a capacious intellect and industry to apply the advantages by which he was surrounded. In the full tide of his success he became the learned and eminent physician, the fervid and popular lecturer, and contributed no little by the influence of his writings and teaching to make Philadelphia noted as a seat of medical learning. I could fill whole pages with merely the names of those who deserve mention.

Could you indulge me a few moments, I will recount some of the discoveries of the past century, which illuminate that page of medicine, and will I dare say challenge the efforts of any other age, for like importance and benefit to mankind.

There are three names connected with three great epochs in American medicine, which will go down to remotest time, whose pæans will be sung by all succeeding ages, which are and will be blest by all, but most by her who suffers most, because her relief has been greatest. These names are great, and as years roll by, will grow greater still by comparison with those who have won fame on the field of carnage, or by the sinuous paths of diplomacy, or the questionable devices of financial speculations.

The names of McDowell, Sims and Morton constitute the glories of American medicine, and have made American doctors equal in rank and importance, to those of the older civilization of Europe.

The year 1809 was made memorable in the history of obstetric surgery, by the performance of an operation, to be followed by others equally daring, brilliant and successful, in an obscure village in the State of Kentucky. The operations of Dr. McDowell, demonstrated for the *first* time to the world, that a class hitherto doomed to a brief life, and that poisoned by pain, and certainty of speedy termination, could be rescued and restored to health. From that time to this the glad tidings have spread, and thousands of these unfortunates have been saved, and exist as living monuments throughout the civilized world, to the skill of an American surgeon.

In acknowledgment of Dr. Sims' contributions to medicine, Queens and Emperors have delighted to do him honor, by decorating him with the badges of distinguished orders. Those acquainted with Sims' history, know what his dauntless spirit had to contend with, what obstacles had to be overcome, what prejudices he had to combat, and sweep out of his path ere he attained his final results.

These two names, McDowell and Sims, must for all time to come be held sacred to woman. Through them medicine has laid its rarest jewels, its richest offerings, at the feet of her who was last to leave the cross, and first to appear at the grave of the Saviour of mankind.

Morton wrote immortal beneath his name, when he discovered the anæsthetic properties of ether, and laid tribute on the gratitude of all who must suffer pain.

The disciples of Apollo who (according to the fable) adopted the laurel as his favorite tree, then made it evergreen, as a fitting emblem in the victors' crown of the undying fame of him who should wear it, could do no more worthy act, than crown Morton as the greatest benefactor of the race.

Out of the box, whose lid the over-curious Pandora lifted, flew all the evils which since have brooded over the earth, and afflicted mankind with their noisome presence, save hope. And is it too great a stretch of the imagination to sum up all these

evils, said to be the gift of meddling Pandora, in the one word pain; and typify the retained blessing of hope, which seemed to mean the promise of some great future good as antagonistic to pain, in the realization of that beneficent discovery anæsthesia.

No State or continent can retain in its borders such a gift; it is worthy to be the act of Deity, its benign effects reach to the farthest ends of the earth to smooth down the contorted features of the wretched victim of disease, when pain and anguish wring the brow. It carries joy and peace to woman's heart in the most critical moments of her life with a sweet oblivion, and fills her soul with comfort and rest.

It is the rainbow of promise which gilds our future life with hope, antidotes the sharpness of pain, and like a protecting talisman of the mediaeval times, throws its mystic influence around us until danger is past.

Surely, these are glorious accomplishments of which any period may well be proud. They will be pointed to as representing the golden age of American medicine.

And standing at the threshold of the nation's second century with all its possibilities, we need not hesitate to acknowledge, by a short retrospect the collegiate system which sprang into existence during the last century, and the great work accomplished through that agency.

This continent had to be reclaimed from a wild and luxuriant nature, and a system of medical education inaugurated and maintained among the thousand and one things demanding attention in a new country.

And be it said to the honor of our medical men, that they did not fail to respond with all their energy and ability, asking aid neither from church nor State to the demands and requirements of a growing country in affording ample educational facilities.

"During the thirty years intervening between the close of the war for independence and 1810, seven medical schools were organized. In the thirty years intervening between 1810 and 1840, twenty-six new medical colleges were added to the list, in

the thirty-five years since 1840, the number of new medical schools created is forty-seven, making the whole number of medical educational institutions established in the United States during the first century of our history as a nation, eighty. Of the eighty, seventeen have been discontinued or suspended, leaving at this date sixty-seven medical colleges in active operation.

And amid all this vast array of medical educational machinery for fifty millions of people, womans' interests in the struggle for existence have not been forgotten.

Four of the schools included in the foregoing list, namely, two in New York city, and one in Philadelphia, and one in Chicago, are for the exclusive education of woman in medicine.

The whole number of students attending the schools in 1810 was about six hundred and fifty, of whom about one hundred graduated at the end of the terms for that year.

The population of the United States was then seven millions two hundred and thirty-nine thousand.

In 1840 the whole number of students in the colleges was twenty-five hundred, of whom eight hundred received the degree of doctor of medicine.

The population of the country for that year was seventeen millions.

During the terms for 1875-76 the whole number of medical students in attendance on the colleges was six thousand six hundred and fifty, of whom two thousand two hundred were graduated. The population of the States is at this this time about fifty millions.

Without claiming absolute accuracy for the foregoing figures, they are sufficiently close for the purposes of comparison, and they show clearly, notwithstanding all that has been said about the rapid multiplication of medical schools and the increased number of students and graduates, that colleges and students, during the last thirty-five years, have increased in a ratio only about equal to the increase of population of the country. The

whole number of those engaged in teaching as professors in the several colleges, at this time, is about five hundred.

We may say in general terms, that the whole system of medical education in this country, represented by sixty-seven schools, distributed in twenty-four different States, sustained by the active work of over five hundred professors, and annually aiding in the education of nearly seven thousand students, is the spontaneous outgrowth of the profession itself, self-reliant and almost wholly self-sustained.

Originating among a free people, under the ægis of various educationally independent States apparently striving to keep pace in the increase of their number and efficiency with a population which in one century has increased from three to nearly fifty millions—under circumstances of the freest competition, these schools constitute a subject worthy of the most careful study.”

It is not to be denied that in the free competition and rivalry which has produced such luxuriant growth, much retrenchment and pruning will be required to give that thorough training now demanded by a people entering its period of mature growth.

Many of these colleges have attained a high degree of efficiency in teaching and furnish every requirement necessary to a thorough education in the healing art. But the rivalry and competition for numbers, coupled with the power to grant licenses to practice medicine, have tempted some to shorten their terms of study, and relax their requirements for graduation.

It must be confessed that too many men are now being sent forth with licenses to practice, unprepared to cope with the high and responsible obligations devolving upon them as conservators of the health and lives of families entrusted to their care.

It is becoming far too common for students to ask the question: Where can I go to college, pay the least amount of money, stay the shortest time, and carry off a diploma after the easiest examination?

These are the temptations on the part of the colleges, these the

inducements held out to students of needy means, and they constitute some of the defects of the present system.

It has been suggested that a remedy lies in the divorcing of the power to grant diplomas or license to practice medicine from the medical schools, and vesting the power to issue licenses to practice in a body different from and unconnected with those who receive the fees for instructing and qualifying the student for examination. In order to do this, it would seem to require government aid to appoint boards of examiners, and subject the control of the colleges to them.

From this political interference the professional mind, always suspicious of legal trammels, shrinks. These boards would, perhaps, give a temporary solution to this question, but would it be wise to invite the co-operation of political influence to help us out of our difficulties, to rid us of these defects which have sprung up in developing our medical institutions? Would not the baleful influence of politics poison the streams of medicine at their fountain sources, and in the end defeat the very object for which it was invoked?

All history teaches that to subject medicine to the strong arm of government is but to degrade and place it under the control of those who do not appreciate its spirit, aspirations and high destiny.

English medicine has struggled for centuries in the toils of official restraint, with some advantages it may be argued, but notwithstanding these, her medical men have striven for greater freedom and latitude in the management of their affairs. No, no, let us a while longer, "rather bear those ills we have, than fly to others we know not of!"

The good record made by American medicine in the past, is evidence sufficient, that the future of its progress will be well provided for by its present devotees, who worship humbly at her shrine.

I have confidence and abiding faith in this progress, that it will be in the right direction.

We must trust to our medical organizations, county, State and national, to work out these problems.

It is through these that reforms must be effected, defects remedied, and advances made.

These are already in active operation throughout the length and breadth of the land and bring together annually the master spirits, as well as those who follow in medicine, to discuss and legislate upon its interest.

These discussions are having their effect. They are the expression of the great body of the profession, calling the attention of the colleges to the fact that the time has arrived when another step forward should be taken for the more thorough education of the medical student. Our system of public education is radiating from the metropolitan centers, and embracing in its ennobling influences the remotest counties of the States, and bringing within the reach of every individual a liberal education.

The schools which teach the science of life and how to cure disease, must accordingly advance their requirements to those who would enter their portals and carry off their prizes.

Let the diploma be evidence to the community into which it goes, not only that its possessor is a candidate for practice, but he has knowledge and skill.

The Universities of Nashville and Vanderbilt, chosen in the ardor and enthusiasm of your youth to be your guide and instructor, and whose halls of learning you have attended, are in full sympathy with these advances.

With beautifully decorated and luxuriously fitted lecture-rooms, museums filled with models and materials illustrative of every branch of study, a hospital adequate to the wants of a city of sixty thousand people, *the school* you have chosen is fully equipped to take her stand among the first in the advanced methods of medical teaching.

With no disposition to repress the efforts of struggling merit, waging its uneven warfare with inadequate means, but ever hold-

ing out a helping hand to the child of necessity, this school, aware of the high responsibilities entrusted to it in licensing doctors of medicine, will guard its trust with the most scrupulous care.

If our methods are not so complete and exhaustive as those of Germany, our students, when graduated, are more practical. They have left to them more elasticity and independence of mind, more fertility of resource in extreme emergencies, and more courage and boldness in striking out into new paths of discovery and in inventing new appliances to supply natural defects.

The German student, accustomed from childhood to follow obsequiously in the groove of thought marked out by his predecessors, receives his instructions with unquestioning faith, repeats the experiments of others with unflagging perseverance, and moulds his ideas into that stereotyped form which, becoming rigid and fixed, forever shuts out all originality.

In his refinements of logic and hair-splitting subtleties, practical results are lost sight of, and being carried away from his natural bearings, he loses faith in the real and substantial, and is literally worn out by hard cultivation, ere he faces the realities of life.

Our students, with a broad stratum of mother wit, and a full amount of self-confidence, having received a clear insight into the great principles of medicine and its collateral branches, being deeply impressed with the idea that their education is never complete, but a life-time business, and that much depends upon themselves, they grasp the practical, and with less school training than the German student, leave him far behind, plodding along in his routine.

I predict that the day is not far distant, nay, I believe it is close at hand, when students of medicine will come from Germany, France and England to America to learn our methods, to visit our great city hospitals, thus paying their homage to improvements effected by American medicine.

Not long since the distinguished English surgeon, Mr. Erich-

son, after a visit to this country, paid us glowing encomiums for what had been done. He recognized the claims to merit, not only of our great medical savans, but expressed surprise and gratification at the culture, education and skill of what they call in England our Provincial doctors.

I believe with Prof. Gross, that "The cultured and refined American physician is a prince among men." Let us be grateful for what we are, and for what we have done; grateful that the past has such a splendid record, that it has left such distinct foot-prints on the sands of time, and that the future is so full of bright promises.

And now my task is done, it but remains to say the parting word to you my young friends. You are about to take your places on the stage of life, be assigned your parts, and exert your influence, whatever it may be, on the future of your profession. The position of the physician, has been said to be, the measure of a nation's civilization. In you lies the power to make this position what you choose. Having been initiated into the brotherhood of doctors, whose wonderful history we have hurriedly sketched, your days of patient listening in the lecture-room, and nights of diligent study have come to an end. Having secured the prize for which you came, scenes of home and friendly greetings await you. Go with your well deserved honors to these joyous scenes of friendship and love, with our best wishes and prayers for your future success.

"Farewell, farewell, is often heard
From the lips of those who part,
'Tis a whispered tone, 'tis a gentle word,
But it springs not from the heart.
It may serve for the lovers' clo-*ing* lay,
To be sung 'neath a summer sky;
But give to me the lips that say
The honest words, 'Good-bye!'"

*THE MYSTERIOUS CRYSTAL OR YELLOW FEVER IN CRYSTALLINE PALACE.

BY A. B. TADLOCK, A. M., M. D., KNOXVILLE, TENN.

Mr. Chairman—The announcement of the Yellow Fever Commission of the National Board of Health, in their preliminary official report, that certain “radiating acicular crystalline forms hitherto undescribed” had been discovered by their microscopist in his examination of the air of fever wards and other infected places, invests the subject of crystallization with more than ordinary interest to the scientist and practicing physician. Moreover, since the same crystalline forms have been identified by other observers in dust taken from the air of yellow fever hospitals in New Orleans, Morgan City and other places where the fever prevailed last summer, while nothing but negative provings obtained in the examinations of dust from Bellevue Hospital, N. Y., and other places totally exempt from fever, the crystal’s pedigree should certainly excite professional scrutiny. For, however insignificant and fragile be the beam, its tracings might lead to important sources in the fever’s true etiology. It may be a despicable little thing, but like the insinuating midge it might, nevertheless, possess social qualities that would be to our interest to notice one way or another. The science of crystallography must be reviewed, and the laws governing crystallization must be examined in order to comprehend any crystal’s primary significance. But to assign an unclassified crystal to a hitherto unknown origin, and then prove its inherent properties or its ultimate existence to be causal of pathological processes, or se-

*Read before the Knox County Medical Society, Feb. 12, 1880.

quential to pre-existing and predisposing conditions which are productive of disease, requires *original* research that seems upon first thought as hopeless of success, if not as difficult as the work of the Danaides. Nevertheless, we think it would be contrary to the genius of medicine, and illiberal, while accepting the evidence, either to question the verity of the discovery, though the masters of crystallography have hitherto failed to describe "anything" resembling "these peculiarly elongated flexible acicular crystals radiating from little opaque masses," or to treat it as one of no consequence and unworthy even of criticism; an effort to explain nature's phenomena always being laudable on the part of science and medicine.

It is reported that glass slips were exposed in places suitable to catch the dust of the atmosphere of localities known to be infected, and that other slips were similarly exposed in localities known to be free of infection. That they were exposed in wards of hospitals, in dead houses, soiled linen rooms, etc., and as high as eight boxes of these slips were received and examined. That the glasses were all well covered with dust, and that the crystals were not to be seen on those slips received from places not infected, but numerous to be found upon those glasses received from infected localities. I have here two microphotographs of the crystal, sent me by Dr. T. J. Turner, Secretary of the National Board of Health, one is magnified 212 times and the other 1450, which I desire you to examine.

Accepting the evidence then as reliable, and, so far, as establishing the fact that we have a tangible resultant of some unique cause having for its manifest the alledged crystal, it will be in the way to reason at least upon the nature of crystallization, and the principles governing its physical and chemical relations, and then possibly, we may more intelligently draw conclusions as to the probable value of the presence of a crystalline body in diagnosing disease and understanding its cause. Crystallization being the physical expression of cohesive forces, pronouncing in specific geometrical forms the different inorganic elements, just as the vital

forces do in producing peculiar characteristics in the different *living* species, a better knowledge of the nature of these forces would lead, no doubt, to clearer conclusions. But herein lieth the great difficulty, for the mind in such research must diverge from matter, and, like vital force when separated from the material, it becomes lost in its own infinity. Nevertheless, a crystal has a *known* as well as an *unknown* meaning; for instance, it is essentially by nature inorganic, mineral if you please, often embodying, however, in its composition, much that is truly organic, for example, morphine, quinine and many other salts. Hence, we can not tell which element predominates in the crystal in question, whether vegetable, animal or mineral; nor could we thereby differentiate the fever's poison from that of marsh poison since we are not even informed as to the nature of the latter.

Will classification assist us in the investigation? We opine not. Crystals are classified into six grand systems, the isometric, the dimetric, and the trimetric; the monoclinic, the triclinic and the hexagonal (Dana.) These are arbitrary terms which are expressive only of different axial measurements and angles, to which, however, all forms, though they be thousands and tens of thousands, may be assigned according to their several characteristics. So that classification of any specimen only can confirm in part its crystalline origin, because matters of very different character often produce the same class of crystal, viz: The native varieties of gold, silver, mercury, copper and lead crystals all assume the isometric forms, also cystine, a urinary product, and ice crystals are hexagonal. The specimen in question does not conform to any of these rules of measurement, but belongs to what is known as "the crystalline aggregates" which means "combinations of imperfect crystals," and may represent one, two or all of the primary forms. Therefore, of itself, the crystal can not be definitely classified. Furthermore, when we take into consideration the almost innumerable secondary forms which the same substance will produce under varying conditions, the difficulty of finding the proper place for any acicular one becomes

the more apparent ; for instance, carbonate of lime crystallizes, it is asserted, into more than 600 secondary figures, all, however, conforming to the primary hexagonal system. True, some minerals having a certain native crystal, viz : Silver, (isometric) by chemical combinations, or mechanical forces assume different primary forms as found geologically. Pyrargyrite—ruby silver—has the rhombohedral. Stephanite—black silver—has the trimetric—the presence of sulphur and antimony causing the disarrangements. Again, experts, by taking advantage of known conditions, may be able, almost at pleasure, to vary *secondary* forms, but it is exceedingly doubtful if art can produce a given *aggregate* from any particular substance having a definite native form, except by chance. Therefore, neither observation, comparison nor experimentation seems likely to offer much encouragement to expect the crystal to be even classified properly, and, moreover, classification, as has been shown, would be far from solving its chemical or toxical nature.

Nevertheless, crystals have their assignable values, classified or not. Taken in connection with other corroborative evidence and reasoning a posteriori, do we not recognize here, conditions as well as material, which furnish palatable food for contemplative geniuses ? If crystals are prismatic and found in blood, it is taken to be human, corroborated by the corpuscles being human under the microscope. If tetrahedral crystals be derived from blood it must have had some consanguinity with the swine family. But a rodent, especially the squirrel, adopts the hexagonal figure for his coat-of-arms. The crystals of some of the urinary and biliary deposits are quite significant ; also those of calcareous secretions from the lungs or bronchial tubes. In this way crystallography may contribute to our knowledge of species, and to the diagnosis of pathological conditions. But we have been taught that crystals abnormal in number or kind are expressive of chemical, or other conditional changes brought about by diseased action upon the solids and fluids, and not themselves the cause of disease, except, perhaps, where they mechanically induce obstruction or inflammation. It

is evident that, in or out of the body, crystallizable material, combining agents and suitable conditions are the three essential elements in the process of crystallization. If a new or hitherto undiscovered singular crystal be found in nature, and for the sake of argument we accept the evidence most generously, it must indicate a new or hitherto unknown material, or a rare combination of forces or agents, or conditions as yet obscure. It seems very conclusive that if the crystals have any connection with yellow fever or any other fever, they must be only as material evidences of unseen and unknown conditions, agents or matters, or combinations of these as yet not understood, unless by supposition they, though benign chemically, acting mechanically by the millions and tens of millions in the circulation on or through the blood, produce traumatism. Can this be? Are we sufficiently acquainted with traumatic and toxæmic conditions to say that the former is not a wounding of the vital fluids, gastric, billiary, blood, etc., of the system, and that the latter produce only such and such diagnostic symptoms not to be exchanged for others? That cholera is, beyond a doubt, a blood poison. We would, however, rather expect the yellow fever, or any other, crystals to follow, or accompany atmospheric, telluric or meteoric influences, derangements of the acidity, alkalinity or the ozonic condition of the air; which, in turn, derange the vital and chemical properties of the fluids of the body, according to laws, though unexplained, yet as certain and regular in their operation as are the laws of gravitation, or capillary attraction, and thereby bring on this or that type of disease with unerring certainty.

Reported by C. L. Stratton, Stenographer.

*HYGIENE OF THE SICK ROOM.

BY J. R. HARWELL, M. D., NASHVILLE, TENN.

I propose to consider this subject more from a practical than scientific standpoint, not elaborately, but briefly, and merely to offer a few suggestions. Such are the variations in the conditions, habits and surroundings of patients that it would be impracticable in a brief essay like this to discuss all the points in connection with the hygiene of the sick room. I notice only a few.

1. *The Room.*—The room in which the patient is confined should never be located on the ground floor if we can have our choice. The emanations from the earth, the effluvia arising from decaying animal and vegetable matter, the noise and confusion incident to the household as well as the bustle upon populous streets in towns and cities, are all calculated to have an injurious effect upon the sick. It should be so situated as to avoid everything which tends to annoy the patient. It should face towards the east or south, so as to get the benefit of the morning sun, not merely for the good effect the rays of the sun may have in dissipating undue moisture, but for the moral effect upon the patient's mind as well.

2. *Ventilation.*—We cannot lay too much stress on ventilation. Nothing can be of greater hygienic importance to a man in perfect health than pure air. How much more necessary to the well-being of the invalid! The ventilation of the sick room should be as nearly perfect as possible, with large windows hung on rollers so as to let in air from the top as well as the bottom. They should be so arranged with reference to each other and the doors of the room as to admit of the free circulation of air, but

*Read before the Nashville Academy of Medicine, March 13, 1880.

without subjecting the patient to the injurious effects of a draft. Drafts of wind are always injurious, and are to be avoided at all times, even in the warmest weather. The windows and doors should be frequently thrown open and the foul air allowed to escape and its place supplied with that which is fresh and pure. In fact they should be kept open sufficiently to allow the constant egress of the former and ingress of the latter without interfering with the comfort and safety of the patient.

3. *Furniture*.—A room with walls neatly papered and hung with well selected pictures, tastefully grouped and supplied with new and handsome furniture, is always pleasant, even to the eye of the unrefined patient. These, however, we cannot always have, as we are called upon to treat persons in all stations and conditions of life. But whatever be the surroundings, whether the furniture be new or old, fine or rude, it and every article in the room should be so cared for and arranged as to present a neat and tidy appearance, and thus produce a pleasing effect upon the patient's mind.

4. *The Bed*.—The bed should be arranged not only with the view of avoiding all drafts of wind upon the patient, but also the unpleasant effects of strong light upon the eyes. I believe that nothing is superior to a good, soft, smooth, yielding mattress as a bed for any one, although it may be contended that in cases of lingering sickness with great emaciation feathers are preferable as they may tend most to the prevention of bed-sores.

Even if this be true I doubt whether it compensates for the enervation which they produce. The covering should be sufficiently heavy to keep the body warm without being oppressive by its weight. The bed should be made once a day or oftener if the patient's comfort demands it. The linen should be kept scrupulously clean and nothing soiled allowed to remain—particularly should none be allowed to remain on which is deposited any of the patient's excretions.

5. *Light*.—Of course there occur occasionally very severe cases of sickness where the most perfect quiet of body and mind are

indispensable, and becomes an essential feature of the treatment. We may then exclude the light from the room—but I believe this to be necessary only in exceptional cases which the discriminating judgment of the physician must decide. I believe that in most cases of sickness a reasonable amount of light is not only not injurious, but positively advantageous, as its tendency is to beget cheerfulness and inspire hope.

6. *Temperature.*—In summer the temperature of the room cannot, of course, be kept under control. Still much may be done towards mitigating intense heat and preventing its bad effects upon the patient by ventilation and the use of the fan. In winter the temperature is almost completely under our control and should be kept as nearly uniform as possible—not lower than 65 nor higher than 75 degrees Fahrenheit. A thermometer should hang constantly in the room to insure accuracy in this respect. As to the manner of heating the room I should always give the preference to a good stove over a fire-place or grate, as it enables us to keep the temperature at one point with a little care,—the heat from it is diffused more equally throughout the room, and it is decidedly the most pleasant, especially in very cold weather. Should a stove be used, an open vessel of water should constantly set upon it, the evaporation from which restores the moisture lost by the atmosphere by reason of the heightened temperature. I am aware that the views I express regarding the use of stoves in the sick room will subject me to severe criticism from my professional brethren, but I express my honest sentiments which have not been formed hastily, but after duly weighing the arguments *pro* and *con*. I think much of the opposition to stoves arises from a foolish prejudice. We have been long accustomed to open grates and fire-places, love to see the fire, and try to convince ourselves that they are the most comfortable and healthful, which is not true. All the bad effects likely to result from using a stove can be easily obviated by a little care and attention in its management, and in the judicious ventilation of the room.

7. *Bathing, etc.*—The person of the patient should be bathed

with tepid water once in the 24 hours, provided there is no contraindication. It keeps the skin clean, promotes its healthy action, and tends greatly to his comfort. The face should be frequently bathed with cold water because it is more refreshing and invigorating. The hair should be carefully and gently combed once a day at least, and the finger-nails should be kept properly pared and cleaned. The apparel of the patient should be changed as often as necessary for comfort and cleanliness.

Clothes saturated with perspiration, with urine or fecal matter, should be removed at once. In a word, every attention should be given that will be conducive to the patient's comfort—for it may be laid down as a rule that whatever is grateful to our patient is promotive of his health.

8. *Vessels*.—The strictest attention should be given to the removal and cleansing of all bed-pans or other vessels in which the excreta of the patient are deposited. Disinfectants should be freely used, my preference being for bromo-chloralum in most cases as it emits no unpleasant odor, while it is effectual. If the disease be of an infectious character, such as typhoid fever, the excreta should not only be removed immediately, but so disposed of as not to convey the disease to others. After each dejection the windows and doors should be thrown open to allow the vitiated air to be displaced by pure air from without, and the sprinkling of the room and bed with cologne or other pleasant perfume suited to the patient's taste, will aid in ridding the air of unpleasant smell and add much to his comfort. The atomizer is an admirable instrument to use for this purpose.

A few growing flowers placed so as to be within the sight of the patient, or a fresh bouquet of cut flowers, tastefully arranged, will nearly always excite pleasant emotions in his mind and are not objectionable. If cut flowers are used, however, they should be removed before they begin to decompose.

9. *Diet*.—Nothing is of more importance in connection with the hygiene of the sick room than the diet, and yet no part of our subject is so difficult to treat. Such are the variations in

the character of different diseases, and even of the same disease in different subjects, and the habits, tastes and idiosyncrasies of our patients, that it is almost impossible to lay down any absolute dietetic rules. I confess to a prejudice against *starving out* disease, and think that great harm resulted from the practice of our fathers based upon this theory. The time was only a few years ago when the diet of all patients was restricted more or less. Especially was this the case when mercury was given, and a popular idea prevails now that if your patient eats while taking this drug he is sure to be ptyalized. Water was especially interdicted, and thousands literally starved for the want of this indispensable beverage of nature, which a benignant Providence has so bountifully supplied. In all fever there is more or less thirst—often most intense—and to deny our patient water is simply murder. Nature demands it, the tissues of the organism demand it more than in health, and it should be given *ad libitum*, unless contra-indicated, as where there is serious gastric complication, and then it should be injected into the bowels. I do not think enough attention is given by the profession generally to feeding patients through the bowels. Where there is defective nutrition, accompanied with an irritable stomach that rejects all food, I would not hesitate a moment to use the bowels, cautiously of course, as I believe many lives may be saved in this way.

Frequently, though not always, the patient's appetite is a good index to the character of food his system needs. Much depends on the character of the disease and the patient's powers of digestion. The various soups and broths, chicken, beef and mutton, are popular and useful dietary preparations. So also are beef tea, essence of beef, etc., and where a stimulating effect is desired as well as nutrition, milk punch and wine whey are valuable. In sweet milk we have an article of diet combining everything needful for the body, but as it contains elements that sometimes disagree with the digestive organs of the invalid it should be administered with caution. Pure, fresh buttermilk has of late years come much into vogue as a dietary article for the sick, and

for many is preferable to sweet milk, as it is deprived of that constituent which is best calculated to impair digestion. But to answer the purpose it should be absolutely fresh and pure.

10. *Company*.—When the patient is seriously sick I would exclude all company from the room, and admit none except the attendants. All loud and boisterous conversation and discussion of topics which tend to excite the mind should be positively prohibited, so that the most perfect quiet and rest may be maintained. I have known the visit of an intimate personal friend, engaging for half hour in cheerful conversation to throw a typhoid patient into a violent paroxysm of fever. When the patient is not seriously sick or is convalescent, and especially if suffering any mental depression, cheerful company is not only admissible, but it is positively beneficial. I congratulate those of you, gentlemen, on your good fortune who are so richly endowed by nature as to be able always to wear a cheerful face, and can crack a joke even in the presence of death. You have greatly the advantage over the bowed down hypochondriac who goes to the bedside of disease with a long face and serious air as if he were already at his patient's funeral. It would pay us all to cultivate a cheerful temper.

11. *Nursing*.—It is an old saying that good nursing is half the battle in sickness. It certainly plays a very important part. Members of the patient's family are always to be preferred if they sufficiently understand the duties. Hired nurses should always be the exception, for the simple reason that strangers who are not interested in the patient will not perform their duties as conscientiously as his own family, even when paid well for their services. There are persons who seem peculiarly adapted to this work, and physicians soon find them out and appreciate them. Every nurse should be made to understand the importance of giving implicit obedience to the directions of the physician. His word should be law.

SURGICAL CLINIC OF W. T. BRIGGS, M. D.,
*Professor of Surgery in the Medical Department of the University
of Nashville and of Vanderbilt University.*

REPORTED BY RICHARD DOUGLAS.

INTRA-CAPSULAR FRACTURE.

Gentlemen :—We present to you this morning, Mr. T. McG., æt. 65, a resident of this city. Yesterday, while walking about the room at his home, his foot became entangled in a loose piece of carpet, causing him to trip and fall. He fell upon his hands and knees, and in attempting to rise was conscious of a severe pain at the hip-joint, and at the same time discovered his inability to stand upon his feet. I was called to see him on the afternoon of the same day and found him in the condition you now see.

From the age of the patient and the trivial nature of the accident, without further examination we are lead to infer that we have to deal with a fracture of the neck of the femur. An examination of the limb will elicit the following general symptoms: There is an entire absence of superficial contusion and swelling. The least motion gives rise to severe, deep-seated pain. The foot is strongly everted. Measurement from the anterior superior spinous process of the ilium to the inner malleolus discloses the fact that there is a shortening of the injured limb to the extent of one and one-half inches. The contour of the joint is changed, there being a flattening of the trochanter. On rotation, the great trochanter describes the arc of a circle belonging to an abnormally small radius. These symptoms convince us

that this is a case of fracture of the neck of the femur. Fractures of the neck of the femur are divided into such as have the line of the fracture within the capsule of the joint or without—or the intra- and extra-capsular. To distinguish between these two varieties is sometimes difficult. Intra-capsular fracture is most likely to occur in persons over fifty years of age, and is generally produced by indirect violence, often of the most trivial character, while the extra-capsular is most frequently met with in younger persons, and is due to direct and severe violence. In the first variety, swelling and contusion are absent, and the pain deep-seated. In the latter, superficial contusion and swelling are present and the pain and tenderness more superficial. On rotation, crepitus may be at times elicited in the first; while in the latter which is generally impacted, there is absence of crepitus. Shortening is gradual in the first, immediate in the latter.

We conclude on comparison of these symptoms that this man is the subject of fracture within the capsule. The prognosis in this case is not favorable to osseous union, owing to lack of circulation in the broken fragment, but a union of the kind known as ligamentous will take place under proper treatment. The treatment is to restore the leg to its normal length and position by extension, and by appropriate apparatus to maintain the the fragments in coaptation.

We will now place the patient on the fracture-bed prepared for his reception and apply to the side of each leg a strip of adhesive plaster about three inches in width, and of a length sufficient to extend from just below the knee to several inches beyond the foot. The projecting pieces are sewed together so as to form a stirrup, and a block placed in this of a width sufficient to prevent pressure of the strips upon the malleoli. We now carefully draw down the limb so as to make it of the same length as that of its fellow, and shall make permanent extension by attaching to the stirrup a strong cord which passes over a pulley adjusted to the foot of the bed and to the free end of which cord we will fasten as much weight (generally 15 or 20 pounds) as will be deemed

necessary to keep up extension. We make counter-extension of the weight of the body by raising the foot of the bed several inches. Great care should be taken that the extension be made in the axis of the limb. To still further insure immobility of the limb, we will place sand bags on each side of the limb from the pelvis to the foot.

(The plan of treatment proposed, was carried out. At the present writing, eight weeks since the dressing, the patient is walking about on crutches, and promises as good a recovery as generally attends such fractures.)

FRACTURE OF THE SKULL.

This patient, Dr. Boyd, of Donelson, Tenn., has brought to our clinic for examination of a serious injury of the head, and, if necessary, for operation. Night before last he received a severe blow upon the head from a stone thrown by some unknown person. He was knocked down by the blow, but in a moment got up and walked to Dr. Boyd's office. While the Doctor was making an examination, the patient became unconscious and has remained in a semi-comatose condition ever since. As he lies upon the table, you will observe that he is partially unconscious, and that he lies upon his side in the flexed position characteristic of cerebral irritation. The respiration is slow and stertorous, every expiration being accompanied by a blowing motion of the cheeks. The pulse full and slow. The pupils are dilated and not responsive to light.

We suspect, from the above symptoms, that the patient has depressed fracture of the skull, causing compression of the brain. Turning then our attention to the seat of the injury, we observe, just above and in front of the ear, an irregular, ragged wound. This wound, we will now enlarge by a crescentic incision so as to raise a flap. The surface of the skull being fully exposed, we can both see and feel a fracture at the junction of the squamous and sphenoparietal sutures. The fractured portion is triangular, firmly impacted and depressed beneath the

surrounding surface to the extent of two or three lines. In depressed fractures of the skull, attended by as well-marked symptoms of irritation as in the case now before you, we make it a rule to raise, or remove entirely, the depressed portion, in order to avert the serious brain trouble that is likely to ensue if an operation is not performed.

In order to remove the fragment in this case, we shall apply the trephine to the edge of the fracture and remove a disc of bone. This will enable us to introduce the elevator and raise the depressed bone to the level of the surrounding portions of the skull; but we think it necessary in all cases demanding operation, not to rest satisfied with this step, but to remove it entirely in order to ascertain whether, or no, as is generally the case, the internal table has sustained a more extensive fracture, and whether sharp spicula from this table are acting as irritants to the brain. Having removed the depressed bone, we now search along the internal edge of the fracture for any sharp spicula that may prove irritating and remove them with the cutting forceps. To dress the wound, the flap is brought down and very loosely attached by a single suture, and a compress of carbolized tow applied.

(The operation was performed as described. No sooner was the depressed bone removed than the patient gave signs of returning consciousness, which, two hours after the operation was completely restored. On the fifth day, considerable hemorrhage took place from an artery in the scalp, which being controlled by acupressure the patient progressed uninterruptedly to complete recovery.)

Selected Articles.

DIAGNOSIS OF SURGICAL DISEASES OF THE URINARY ORGANS.

BY SIR HENRY THOMPSON.

[Having devoted the former part of the lecture to the best means of forming a diagnosis in ordinary cases, the lecturer continued:]

And now having discussed the various modes of forming a diagnosis in any given case, by questioning the patient as to his symptoms, by observing his external signs, by examining the urine with tests and by the microscope, and lastly, by mechanically exploring, by means of the finger and instruments, the rectum, urethra, and bladder itself, it is natural to ask—Does any further mode of inquiry exist?

At this point it has been always my custom to reply, there is still the endoscope, whatever it may be worth; an apparatus which offers the means of reflecting a ray of light from a lamp external to the body through a tube into the interior of the bladder, and so illuminating a small portion of the surface there. Of the various forms of this instrument which have been proposed from time to time by Avery, Desormeaux, Cruise, and others, not one has appeared to me capable of rendering much practical service, either in regard of diagnosis or treatment. The endeavor to improve it has, however, been steadily pursued, and not a little interest was excited some months ago by a report

that, after much labor, an instrument had been invented at Vienna capable of carrying a powerful electric light into various cavities of the body, and of producing brilliant illumination there. My friend, Prof. Dittel, wrote to me last spring that this was an accomplished fact, and that I should soon be able to see the new apparatus, and to work with it if I wished. I accepted his invitation, and went recently to Vienna for the purpose, and I was very glad to avail myself of his kind and assiduous services in enabling me to see it, and to use it repeatedly on the living subject, both in health and disease.

It is certainly a daring achievement to carry a platinum wire heated to whiteness into the bladder, and to use it there for some minutes in the act of research; and it is a marvellous success as regards the mechanical arrangement by which this result is effected with safety. The idea originated with Dr. Nietze, now of Vienna, but its realization is due to the patience and perseverance of Leitner, the surgical instrument maker of that city. I will briefly describe it, and then say as fairly as I can what it appears to be able to accomplish.

The apparatus consists of a stout wooden table, containing instruments, etc. Attached to it is a light stage, several feet high, supporting a vessel of water; and on a frame near the floor is the electrical battery with its appliances. This apparatus is placed by the side of the patient, who should be recumbent on an ordinary operating table, so as to occupy a height convenient for the purpose of examination. It may be thus used in an ordinary ward, but it is more efficient in a darkened room like that ordinarily employed for the ophthalmoscope.

The electrical current is produced by two rather large Bunsen cells, and the positive and negative conductors, two long and slender wires, are attached to a hollow silver sound of the ordinary form for examining the bladder, by means of a movable collar round its handle, one of the wires entering a small channel in the sound itself, which it traverses to the end. Arriving there it enters a cavity within the beak, and joins a platinum

wire there about half an inch in length, the other end of which is soldered to the metal of the sound, and the latter itself forms the connection with the opposite wire or pole. The platinum, which becomes incandescent on the completion of the current, is covered by a glass plate isolating it from lateral contact. Finally, the end of the sound which contains the platinum wire has to be kept perfectly cool by special means adapted to the purpose.

The means by which this is accomplished consists in the maintenance of a constant current of cold water supplied from a reservoir, containing about two or three gallons, placed seven or eight feet above the operator. The current descends through a small flexible tube to the collar of the instrument already described, and connected there with two capillary channels in the body of the sound itself. These measure only one millimetre and a half in diameter, and pass through the whole length of the sound, coursing round the heated wire at its termination, so that the water is constantly flowing in by one tube and out by the other, to issue finally drop by drop through the returning tube into a vessel placed to receive it. The collar of the sound, then, has four flexible tubes attached to it, two for the electric current and two for the water current. Holding the collar with the left hand, the operator easily rotates the sound with his right, when, on looking through a central cavity forming the axis of the sound, any portion of organ adjacent to the end of the sound is seen to be brilliantly illuminated. A small piece of gravel, a pellet of mucous, the rugæ and sinuses of the mucous lining of the bladder, of its natural tint, or with an inflammatory injection, may all be most clearly seen.

As a triumph of mechanical skill over extreme difficulties, it is impossible to admire the performance too much. But it is necessary, on the other hand, to remark that much preparation of the bladder itself is necessary; that some irritation of the organ must be regarded as a highly probable result, as, indeed, is often unavoidable from the use of this or of any other endoscope.

If the urine is bloody or cloudy with mucous, nothing is visible; the bladder must be washed, and then be partially distended with clear water or with air before the instrument can be applied. If the urine is quite clear no preliminary washing is necessary, and a few ounces should be present in the bladder.

I felt it my duty to make, as carefully as I could, an appreciation of the new instrument, and to report upon it; and I shall further have an opportunity shortly of showing it to you here, that others may form a judgment also. I may add that it is very easily used in the rectum, and that it has also been introduced into the stomach without difficulty, which it equally illuminates; the bladder being the most difficult organ to deal with, on account of the narrowness of the channel which leads to it.

Now, it is with great deference to the opinion formed by high authorities at Vienna, who are very sanguine as to the value of this instrument for the purposes of diagnosis, that I venture to express in cautious terms my own views as to its use. First, I do not regard it as likely to help us in cases of difficult stricture or retention of urine. Nor do I conceive that it can be required to explore a bladder for any remaining fragments after the operation of lithrotrity. I think all that is necessary to be done in such circumstances can be as well done by the methods at present commonly employed, and that the use of the endoscope for such would generally involve additional and unnecessary interference. At the same time, I do not say that such a case may not occasionally be met with, in which the instrument might render some service. On the other hand, there are some morbid conditions the existence of which we sometimes suspect, but cannot positively affirm to exist, whose presence may now be ascertained through the agency of the new endoscope. I refer to the indentification of sacculated stone as the cause of persisting and unrelieved symptoms; to the detection of pedunculated growths and of villous disease of the bladder, removable by operation; and, lastly, to the investigation of the nature of foreign bodies, other than calculi, which has become lodged there. I have lately seen

a fatal case of vesical growth which might have been easily removed by operation ; and in such a case, as well as in the rare contingency of a foreign body, the new endoscope may possibly render essential service. A precise knowledge of the nature, size and position of a foreign body might enable us to devise a safe and certain means of removing it, in place of a tentative, uncertain, and hazardous proceeding. All these cases, however, are more or less rare ; nevertheless, it is our duty to be provided with every resource, whatever it may be, which enables us to deal more effectively than heretofore with conditions on the management of which grave issues depend.

Extracts from Home and Foreign Journals.

SURGICAL.

BORACIC ACID IN OPHTHALMIC PRACTICE.

Dr. Theobald reported having obtained remarkable results from the use of this agent in inflammations of the external parts of the eye. It was recommended some months ago by Bezold, in Germany, for otorrhœa, the method of use being insufflation of the powder into the external meatus. Dr. Theobald had employed it and obtained marvellous effects from it in this affection: This suggested its probable utility in affections of the eye characterized by a purulent discharge. Accordingly it was tried in an infant, suffering with a purulent conjunctivitis of six weeks standing, which had been under treatment for three weeks, but had improved but slowly, as it had been necessary to use astringents with great caution, owing to the presence of threatening corneal ulcers. A solution, containing four grains of the acid and one of atropia to an ounce, was applied to one eye, three times a day, whilst atropia and nitrate of silver, which had been previously employed, were continued as before in the other.

In two days the eye treated by the acid (which had caused not the slightest irritation) was clear and free from discharge, whilst the one treated by the other agents was in the same condition as before. The other eye was then treated by the boracic acid solution with similar results. In the next case, in which it was used, the purulent inflammation was converted in forty-eight hours into a mild blennorrhœa.

He next tried it in a very obstinate catarrhal conjunctivitis, associated with sclero-keratitis of specific character, which had

resisted the use of zinc, alum and lunar caustic, and in forty-eight hours, with a two-grain solution, the conjunctivitis was cured. In several other cases of the same affection, like results were obtained.

A case of recurrent scrofulous keratitis with old corneal opacities was relieved in two days. Another case of keratitis, improving but very slowly under atropia and iodoform, exhibited at once a decided change for the better, on substituting the boracic acid.

It seems best adapted for acute cases, as its prolonged use gives rise to some irritation of the conjunctiva.

Dr. Theobald had used it with benefit in several cases of phlyctenular ophthalmia, and believed it would be of great service in ulcers and abscess of the cornea. It had not seemed necessary to exceed four grains to the ounce (used three or four times a day), even in purulent conjunctivitis. He recommended the boracic acid made by Rosengarten & Sons, of Philadelphia, as he had obtained better results from it than from some others which he had tried.—*Maryland Med. Jour.*

ON THE OPERATIVE SURGERY OF THE DIGESTIVE TRACT.

One of the cases related by Kronlein, (*Berlin, Klin. Wochenschrift*, 1879, No. 34-35), is a successful case of gastrostomy. The stricture was due to annular cancer at about the middle of the œsophagus, in a laborer, aged 71. It was impassable even to fluid food. The incision was made parallel to the arches of the left ribs. The wound in the stomach was attached to the abdominal wound under antiseptic precautions, and the stomach was opened five days afterward. From that time forward, nutrition was entirely carried on by the wound. The result was favorable, except that the patient suffered from very severe thirst which, however, could be fully satisfied by continuous chewing of tobacco. Two months later, the patient died from his cancer.

The second case is a very interesting one. A child, six days old, had had no evacuation of the bowels since its birth. The

anus was extremely narrow and terminated in a *cul-de-sac* at 2·5 centimetres high. After division of this in the antero-posterior median line, Kronlein endeavored to reach the upper *cul-de-sac*. He only succeeded in opening the cavity of the abdomen, from which peritoneal exudation was freely evacuated. The upper *cul-de-sac*, however, was not reached. Laparotomy was then performed in the left groin, and a coil of the small intestine was drawn into the abdominal wound, fixed there, and opened. Contrary to expectation, the child lived and thrived under regular nourishment. Further search and attempts to sound the intestine below from the artificial anus failed. When, however, the child had grown to be seven months old, the upper end of the intestine ending in the *cul-de-sac* could be felt. The previous operation was again undertaken, and the upper *cul-de-sac* successfully united with the lower. At the close of the report a stricture existed at the place of union, but the larger part of the contents of the bowel were already evacuated by the natural anus.—*London Med. Record*, Jan. 15, 1880.—*Phila. Med. News and Abstract*.

TREATMENT OF GONORRHEA.

Professor Zeissl relies mainly upon injections in the treatment of gonorrhœa. He begins with weak solutions of the metallic salts in the acute stage. He claims that by their use much discomfort will be relieved, and micturition will be rendered freer and less painful. He proposes at the start a solution of permanganate of potash, of the strength of about a quarter of a grain in six ounces of distilled water. This is injected four times a day. Sometimes, he says, every trace of the disease will have disappeared in a week. If at the expiration of this time there is no improvement, the solution is made a little stronger, but he never increases the strength beyond two grains to six ounces (15:200). He approves of changing the injection occasionally, as after prolonged use any injection will lose its effect. When the permanganate fails, he uses a solution of sulph. of zinc of the strength

of three or four grains to the ounce, gradually increased to six grains. This failing, insoluble substances, such as bismuth or kaolin, are injected, suspended in water, in the proportion of a drachm to six ounces (5.:200). Or he uses ℞ zinc sulph., acetat. plumbi basici sol., āā, 2 grammes, aq. dest. 200 grammes. Powders in suspension will remain in the urethra for a considerable time, till the next urination at least, and sometimes, he states, for two weeks or longer. They are sometimes expelled from the prostatic region during difficult defecation in the form of little granules adhering to the filaments formed by the prostatic secretions and mucous. If the discharge still persist, a bulbous bougie, No. 10 to 14 of Charrière's scale, is oiled and then dipped in bismuth or kaolin, and carried as far as the sphincter vesicæ, where it is allowed to remain for five or ten minutes. The usual astringent injections are also employed. He also uses the following: ℞ Pulv. kaolini, glycerinæ pur. āā, q. s. ut fiant bacilli tenues, longitudine pollicis, No. xx. Four of these, having been well oiled, are introduced each day.

To internal medication, or the "indirect" treatment of gonorrhœa, Zeissl evidently attaches only a secondary importance. Sometimes he resorts to the balsamic remedies when injections and other local means have failed. With regard to the old view that these remedies are liable to cause albuminuria, he maintains that it is an error, which originates in the following manner: When, to the urine of persons taking the balsams, nitric or hydrochloric acid is added, a white precipitate is produced, but this deposit redissolves on boiling, and will not be produced at all, if the urine be first acidulated with little acetic acid. The deposit consists of the balsamic acid, which is separated and precipitated by the acid reagent. Kava-kava, which has been vaunted of late as a remedy for gonorrhœa, has been thoroughly tested by Zeissl, and with entirely negative result. Of twenty cases treated with it, not one was in the least benefitted. The only effect noted was that in some of the cases there was an increased secretion of urine.—*New York Med. Jour.*

M E D I C A L .

TREATMENT OF DILATATION OF THE STOMACH BY THE SYPHON-TUBE.

The treatment of dilatation of the stomach and of the symptoms to which it gives rise, by the syphon-tube, is on the increase. A case is related by Dr. Sneddon, where a man, forty-eight years of age, had suffered from gastric symptoms since an attack of scarlatina in 1854. He had pain and the general symptoms of dyspepsia, which were usually relieved by a little alcohol. The pain for long was very localized, and could be covered by the point of the finger. Then came on persisting vomiting. In the year 1876 he was comparatively well and could attend to some work. Bismuth always made him worse, but bicarbonate of soda with citrate of magnesia gave him the most immediate relief. The effervescing citrate of iron also agreed with him. He was thin and anæmic, and there was evident dilatation of the stomach. He had been vomiting four times a day, and the vomited matter was intensely sour. If allowed to stand it commenced to ferment, and if a little bicarbonate of soda were added brisk effervescence took place. The tongue was clean, but white, while the bowels were constipated and were relieved by enemata. The pain had increased in every way, and was now worse over the lower dorsal vertebra. An India-rubber tube was passed into the stomach on April 30th. A pint of sour, turbid fluid escaped. Next day a pint of luke-warm water was passed into the stomach, containing a drachm of bicarbonate of soda, and then evacuated. This was repeated daily, and by the 8th of May he was much relieved. The use of the syphon was now intermittent, and a teaspoonful of Gregory's mixture was taken every morning. On July 11th he took a teaspoonful of Carlsbad-Sprudel salts daily. He then resumed work, and in six weeks afterward he had improved in weight and strength, having been working all the time. On December 31st he had

continued well. The success of the case shows how influential the use of the syphon-tube may be where there is old-standing acidity with dyspepsia. Any means of increasing our power to cope with that enemy of our race, dyspepsia, will be welcomed by every reader.—*The American Practitioner.*

QUININE FOR CHILDREN.

It is probable that a very large proportion of the sulphate of quinine prescribed for the diseases of children is not administered as prescribed. The child objects to it on account of its bitterness, the nurse neglects to give it on account of the child's objection, the doctor does not observe the effects which he had anticipated, and is disappointed. Fortunately, the difficulty may be entirely overcome by the substitution of the neutral tannate of quinine for the sulphate. Five grains of the former equal two grains of the latter. The neutral tannate, moreover, is thought to be not inferior to the sulphate. However this may be, the absence of difficulty in its administration, and the consequent fact that it will generally be administered according to directions, would compensate for any possible inferiority of this sort as compared with the sulphate. It is tasteless, insoluble in water, and should be given in syrup or jelly. Its adoption entirely obviates all of the usual objections to the administration of quinine for children. It is a matter of surprise that its use is not more nearly universal.—*Chicago Med. Gazette.*

CEDRON AS A SUBSTITUTE FOR QUININE.

Admiral Lapellin draws attention to a bean which is used by the inhabitants of Central America in the treatment of the cold fever, and which is said to be a good substitute for quinine. Dr. Coignard, who obtained the remedy in Puerto Arenas, Costa Rica, obtained favorable results with it, and Drs. St. Père and Quesnel found it even more powerful than sulphate of quinine. The bean is cut into bits as large as a pea, several of which are given in the interval between the paroxysms. This almond or bean is obtained from the simaruba ferruginea.—*Med. Chir. Rundschau*, Nov., 1879.—*The Med. Record.*

OBSTETRICS.

UTERO-INGUINAL HERNIA—EXTIRPATION OF UTERUS AND LEFT OVARY.

G. Leopold relates in the *Archiv für Gynäcologie*, vol. xiv., a case of which the following abstract is given in the *Centralblatt für die Med. Wissenschaften* for October 11th. The subject, a well-developed woman, aged 28, had experienced menstrual molimina since the age of fourteen; there was no discharge of blood, but she had for several days severe pain in the left groin. In this situation, an irregular tumor of the size of a plum swelled up considerably at each catamenial period, and was again diminished in the intervals. As her general health was much impaired, and eight years of married life had remained unfruitful, Dr. Leopold was consulted. He found in the left external inguinal fossa a tumor as large as half a hen's egg; this he took to be an abnormally placed ovary, from the median pole of which a strong cord could be traced as far as the left labium majus. On the right side, behind the horizontal ramus of the os pubis, a small cylindrical body could be felt. The vagina was a small *cul-de-sac* 1.2 inch deep; nothing could be felt in it but the bladder and rectum. At the next menstrual period, the face was noticed to be bloated and of a dark, brown-red color; there were also epistaxis, convulsions, and rigors; and the tumor in the inguinal canal enlarged. Dr. Leopold now removed the tumor. It was found to be the upper section of a small uterus, traces of which disappeared in the form of a scarcely perceptible cord. The ovary, the Fallopian tube, and the small uterus were removed; the pedicle was securely ligatured and returned, and the wound closed. The patient made a good recovery, and had no return of the menstrual molimen. In the removed uterus was a cavity

as large as a pea, filled with mucus, and having a smooth mucous membrane and a delicate vascular net-work. Blood had apparently not been effused into the cavity. Dr. Leopold regards the case as one of imperfect development of the Müllerian ducts, the left one of which was drawn into the inguinal canal. The ovary that was removed showed signs of active formation of follicles, the uterine horn always swelled considerably, and nevertheless there was no discharge into the uterine cavity.—*British Med. Jour.*, Jan. 3, 1880.—*Med. News and Abstract.*

HEMORRHAGE AT THE UMBILICUS IN INFANTS

Occurs once in every three thousand to four thousand cases. If it be arterial or venous, which is exceedingly rare, the bleeding vessel may be ligated by the ordinary method; but generally the hemorrhage is parenchymatous, and the oozing is so profuse that, unless arrested, fatal syncope ensues in twenty-four or thirty-six hours. The usual treatment by bandaging, by pressure, or by the application of styptics, generally fails. A suture entered on one side of the umbilicus, passed underneath the oozing surfaces, brought out at a corresponding point on the other side and tightened, rarely arrests the hemorrhage permanently, since it generally reappears along the line of the suture. A certain, safe and efficient remedy is, however, always at hand; It may be summed up in the three words, *ligature en masse*. The ligature should be applied as follows: Pass a long, slender needle far underneath the bleeding part, entering about one-third of an inch from the margin of the umbilicus on one side and emerging at the corresponding point on the other. Pass another needle in the same manner at right angles to the first. Secure a strong silk ligature underneath the two needles. This will arrest the hemorrhage for a time in all cases, permanently in most. Should hemorrhage recur, the needles may be withdrawn, and again introduced in other directions and the ligature applied as before. This may be repeated until the hemorrhage has permanently subsided.—*Chicago Med. Gazette.*

INTRAVENOUS INJECTIONS OF MILK, ETC.

In his recent presidential address before the Obstetric Society of London, the well-known obstetrician, Dr. W. S. Playfair, referred to the recent researches of Mr. Schäfer on intravenous injections. He stated that the first important result of this investigation is that it disposes, once and for all, on indisputable grounds, of the use of milk, beef tea and other fluids, instead of blood. "Within the last year or two Dr. Thomas, of New York, and others in America, have published cases in which transfusion has been performed with such agents, of which the most that can be said, is that some of the patients survived, in spite of the operation. Mr. Schäfer's researches into the action of such fluids on the blood corpuscles will, I cannot but think, insure our not hearing more of such experiments. The operation is one in which I have myself always taken great interest, and after a careful study of all that had been written on the subject, I had come to the conclusion that the use of defrinated blood with a simple syringe best fulfilled the indications which seemed to me essential for success, viz.: simplicity of apparatus and ease of performance; and this was the method I had adopted in several cases in which I had performed it after severe post-partum hemorrhage."—*The Med. and Surg. Reporter*.

THE ENTIRE UTERUS TORN FROM A PUERPERAL WOMAN WITHOUT FATAL CONSEQUENCES.

Dr. Schwartz reports in Spiegelberg's *Archiv. f. Gynäkologie*, a case in which the midwife in attempting the removal of a retained placenta, had grasped the inverted fundus, dragged it down, and torn the whole organ from the vagina. Escape of the intestines was prevented by a tampon saturated with salicylic acid. On the fourth day the woman was free from fever, and by the twenty-first had fully recovered. At the latter date exploration of the vagina showed its walls to be perfectly united at its upper extremity. The woman has since then continued in excellent health.—*Berliner klinische Wochenschrift*, No. 3, 1880.—*Cin. Lancet and Clinic*.


Editorials. Reviews, Etc.

PUBLISHER'S NOTICE.—The JOURNAL is published in monthly numbers of FORTY-EIGHT pages, at three dollars a year, to be always paid in advance.

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C. S. BRIGGS, M. D.

THE NEW ANÆSTHETIC—BROMIDE OF ETHYL.

For a long time it has been the golden dream of surgeons to possess an anæsthetic agent as safe as sulphuric ether and as efficient as chloroform, and it would now seem as if in bromide of ethyl the dream was about to be realized.

While sulphuric ether is comparatively free from the danger of chloroform, it is objectionable, by reason of the great quantity and length of time required to produce its effects; its great inflammability; its uncertain action; its prolonged stage of excitement; the violent struggling which it causes, and its unpleasant after-effects.

Chloroform, though by far preferable to ether, on account of the greater certainty and the great rapidity with which it acts, has been to a great extent abandoned by most surgeons on account of the frequent fatal results attending its use. If chloroform were only less dangerous, or even were there any positive data by means of which the careful surgeon might foresee and

avert danger, no better anæsthetic could be desired ; but unfortunately chloroform is most certainly unsafe, and in the many recorded cases of death from its use, its lethal effects have been produced with lightening-like suddenness and without the least premonition of danger.

In view of these facts, the surgical world has received with joy and hope, the glad tidings that in bromide of ethyl the much desired agent had been found, and now anxiously await the result of experiments and a more extended experience.

Bromide of ethyl or hydrobromic ether was first brought to the notice of the profession as an anæsthetic by Nunnely, of Leeds, England, in 1849, and again by him presented to the British Medical Society in 1865; but it never attracted much attention and had been almost forgotten, until Dr. Lawrence Turnbull, of Philadelphia, in 1876-77, after experiments upon animals and upon himself, employed it in numerous operations. In April, 1879, he directed the attention of Dr. R. J. Levis, of the same city, to its value as an anæsthetic, and that surgeon, after a large experience with it in an extensive hospital practice, now unhesitatingly recommends it to the profession. A number of other prominent Philadelphia surgeons have employed it in operations, and have expressed favorable opinions.

Bromide of ethyl is a colorless liquid, possessing an odor very much like that of chloroform, and a specific gravity a little greater than water, and vaporizes more readily than chloroform. The advantages claimed for it over ether and chloroform, are its rapid action and the readiness with which patients recover from its effects; the small quantity required; the little tendency to produce nausea and vomiting; its non-inflammability; the comparative briefness of the stage of excitement, etc., etc.

We recently had an opportunity to observe its anæsthetic effects in one case, but must confess that it was unfavorable as a test on account of the nature of the operation.

The patient was the subject of traumatic epilepsy, due to an old depressed fracture situated about the middle of the frontal bone near the coronal suture. The operation consisted in trephining the skull and the removal of the depressed portion. The anæsthetic was administered according to directions given by Dr. Levis, and something over an ounce gradually given. The patient went rapidly under its influence, but had such a prolonged stage of excitement and struggled so violently that ether had to be substituted before the conclusion of the operation. In this case, we observed that the circulation was rapidly affected, the pulse rising from 60 to 80 per minute. The respiration was free and easy, but accelerated. There were strong evidences of congestion about the face and lips. The pupils were dilated and continued so for some time after the ethyl was removed.

We would suggest, that in view of the great volatility of this agent, the ordinary ether-cone be used instead of the folded napkin, as recommended by Levis.

The impressions derived from this case were naturally unfavorable, but we must admit that the case was not a good one, as a test, and that our inexperience operated against full success. We hope to give the result of a more extended experience in an early number of the JOURNAL.

BOOK NOTICES.

PHOTOGRAPHIC ILLUSTRATIONS OF SKIN DISEASES. By **GEORGE HENRY FOX**, A. M., M. D., Clinical Professor of Dermatology, Starling Medical College, Columbus, O.; Surgeon to the New York Dispensary, Department of Skin and Venereal Diseases; Fellow of the American Academy of Medicine; Member of the New York Dermatological Society, the American Dermatological Association, etc. Forty-eight colored plates taken from life. New York: E. B. Treat, 805 Broadway.

Parts V and VI of these most excellent illustrations of skin diseases, have been received. As the distinguished author remarks in his preface these works are a necessity, as it is as impossible to study skin diseases without them, as it is to learn osteology without the bones.

The plates in these two numbers are well executed, and no doubt accurate. The subjects illustrated in part V, are Eczema, infantile; E. papulosum; E. ichorosum; and E. squamosum.

Part VI contains plates of Eczema barbar; E. manum; E. venis varicosis, ulcus varicosum and psoriasis annulatæ. The work will be complete in twelve parts, each containing four colored plates, taken from life. We would urge every one who has not already procured it to do so without delay.

WINTER AND ITS DANGERS. By **HAMILTON OSGOOD**, M. D., Editorial Staff of the Boston Medical and Surgical Journal. Philadelphia: Lindsay & Blakiston, 1879.

This belongs to the series known under the name of American Health Primers, edited by W. W. Keen, M. D., of Philadelphia. The original design of the series is to furnish the general reader with short works upon preventive medicine, so written as to be perfectly intelligible to the general reader. The Primers, so far issued, written as they are by men of established reputation

and worth, have met with a very favorable reception in all quarters, and will no doubt be the agents of accomplishing many useful changes for the better, as regards hygienic matters. This work upon "Winter and Its Dangers," is an especially valuable number of the series, and should be in the hands of every one. The author vividly and briefly describes the many dangers of winter, and treats of the best means of guarding against them by proper attention to clothing, bathing, ventilation, exercise, etc.

We have attentively read this primer, and take great pleasure in recommending it to our readers. Although intended mainly for the unprofessional reader, it contains many hints that will prove of value to the physician.

A MANUAL OF THE PRACTICE OF SURGERY. By W. FAIRLIE CLARKE, M. A. and M. B. (Oxon.), F. R. C. S., Assistant Surgeon to Charing Cross Hospital. (From the last London edition, revised and edited, with additions, by an American Surgeon). New York: William Wood & Co., 27 Great Jones street, 1879.

We are very much pleased with this little manual. It contains in a small compass all the information that a general practitioner may need. The American editor, whose name for some reason is omitted, has added notes and explanations to the text that enhances considerably the value of the work. We find all the latest improvements treated of in a clear and concise manner. Among the additions by the editor, we may notice descriptions of the elastic bandage, Buck's method of extension in fracture of the femur, Sayre's treatment of Pott's disease of the spine, tracheotomy without tubes, Bigelow's operation of litholapaxy, and various other improvements essentially American. The arrangement of subjects is natural and commendable. It is divided into five parts.

Part I, treats of Surgical Diseases; part II, of Injuries; part III, of Constitutional effects of Surgical Diseases and Injuries; part IV, of Diseases and Injuries of various Parts, Tissues and Organs; part V, of Operations. The author has added to this edition a useful lists of formulæ and receipts.

We regard it as an admirable guide and *vade mecum* for the busy physician, and would cheerfully recommend it to our readers. It is one of Wood's Medical Library Series of 1879, and is therefore in point of price within the reach of every one.

LECTURES ON PRACTICAL SURGERY. By H. H. TOLAND, M. D., Professor of the Principles and Practice of Surgery and Clinical Surgery in the Medical Department of the University of California. Second edition. Illustrated. Philadelphia: Lindsay & Blakiston, 1879.

We had no idea when we examined the first edition of this work, when it appeared about a year ago, that a second edition would appear so shortly afterward.

We cannot see that the author has, in his revision of the work, corrected any of the numerous errors to which attention was called by many of reviewers of the first edition, or that the work has been either enlarged, if we may except the addition of a chapter and two additional cases of aneurism, or in any respect improved. The mistakes, both in the principles and the practice of surgery, are so numerous and so glaring, that the wonder is that the first edition, however small, was ever disposed of at all.

The author is well known to the profession as a skilful and thoroughly practical surgeon, and several departments of surgery are indebted to him for numerous valuable improvements and suggestions. We regret, therefore, that he has allowed a work to go forth in such a crude and imperfect form as will necessarily detract from his reputation. It is well illustrated with numerous original wood cuts, and is published in unexceptionable style.

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NASHVILLE

JOURNAL OF MEDICINE AND SURGERY.

SECOND SERIES.

Vol. XXV.

NASHVILLE, TENN., MAY, 1880.

No. 5

Original Communications.

ANNUAL ADDRESS DELIVERED BEFORE THE
TENNESSEE MEDICAL SOCIETY BY DR.
E. M. WIGHT, RETIRING PRES-
IDENT.

GENTLEMEN—In the good old days of needles and thread, of great open fire-places, of spinning wheels, of stage coaches, of small towns and weekly mails, and of slow going, plodding outdoor life with little need in it of the rack, wear and tear of to-day, and a consequent less inclination—doctors were fewer than now and less in demand. Their journeys were longer, their doses were larger, their drugs were stronger and their fees were smaller. This was good old times. The age of the lancet and Spanish flies. The country was just as spacious then as now. The world was just as large and men were equally wise considered with the view of the wants of those times. They lived as happy and as long. They had the same joys, the same sorrows, the same diseases. They were born as we were born; they lived

as we live, loved as we love, married as we marry, grew old as we grow old and died as we die. They had the same sun to shine for them that we have now, and the same things under it, for "there is nothing new under the sun." It is quite the fashion for us to think and to say much of this present wonderful age. We burst out daily in high sounding praises of ourselves and our remarkable abilities and accomplishments. We delight to sing the songs that praise our own works. We will never tire telling the world over, and over again, of the wondrous greatness of ourselves who discovered ether, chloroform, vaccination and the thousand of other equally important things that we are daily discovering without exactly knowing how they will turn out. We go so far as to say that this is the age of progress—and we speak familiarly of Watts, Newton, Morse, Morton, Simpson, Stevenson, Field, Edison, and a host of other equally glorious names. We think we see and feel the march of science. We belong to that great universal army corps of hard workers, and we march at a double quick from the portals of the school room to the chambers of death. There is one sound heard of all men—one battle-cry—one word inscribed upon every flag borne by the color-sergeants in this great army of science, and that is "humanity." Man's work is for man. Let him do whatever he will, if not for himself, it is of no avail. Himself and his works can not be separated while time endures. Nothing has ever been done for him. He is a self-made creature. He is an improvement on the original man and will improve more if time endures. They say that he was once a barbarian, a cannibal, a savage, a brute, a beast, an ourang, a monkey, a snail. And whatever he now enjoys that elevates him above any of these he made for himself. There are thousands and thousands of years intervening between man naked and hair grown in the forests and man with the primitive apron of goat skin or flax. And for aught we know there are millions of years between the days of the rudest tools of stone and the hypodermic syringe. Who can compute the time that has passed since what we now call man was but a creature as the

other beasts of the field and made his bed in the leaves of the forests or found his shelter in the caves of the hills? But the time was, and it has passed, and while it went man worked out for himself a better condition and while it continues he will continue to work and to attain a better perfection. He has struggled against more in the past than he strives against to-day, and he has more to combat to-day than he will have to overcome in the future. He may get a set-back soon. He is himself his own worst enemy, and his worst enemy is very selfish. He was once before, centuries ago, as far along in his civilization process as he now is in many, if not all respects; and he lost it all, and has had to recover it by the same slow work that he attained it before. He had his cities then, as proud as ours that we have now, and grander; but they were everlastingly buried, and all that was in them. He had his great ships of the sea, but the water closed over them. And, though he had laws by which he was governed written on imperishable stone, yet they perished, and himself with them. And yet man was left to go on and work out another destiny. And we are now here at the work, and this is so much of it. It is not much of the whole that is to come as we hope and believe, trusting that future disaster may be long averted we look for grander results from the works of men than our most exalted fancies have pictured or most extravagant dreams foreshadowed—for where can progress end with man? Where shall he stop “pursuing and achieving” so long as the earth which is his habitation shall last? How long this will be time alone can reveal. It is on fire now, and has been for all time so far as we know. Its center is a molten mass, and its crust alone is cool enough for us. The moon is already a cinder, and earth is her little neighbor. So small as scarcely to attract attention, outside of its own planetary neighborhood. So insignificant that the stars get no light from it. Considered among the heavenly bodies the earth is not much. It is only of consequence on man’s account. It is he who makes it famous with himself. In the great economy of nature it plays a small figure. It is a speck only.

And what is man? He is that greatest, finest and grandest thing on earth. That creature whose nature stands unclothed in the presence of his loving brother—the physician. And who is that physician—that loving brother? It is he whose patience hath no limit, whose toil is measured only by the length of his days, whose learning is boundless, whose eye is keen to see every suffering, and whose ear is acute to hear every wail. It is that man whose head is always clear and whose heart is always warm, whose morality is always of the sternest sort, whose manner and movements are the embodiment of grace, and whose soul is as lofty as the very skies. Thoughtful, vigilant, alert and ever obedient to the fulfillment of his trust he stands guard at every gate-way of the universal Gilead, and gives his quiet answer to the appeal of humanity. There is a balm in Gilead—there is a physician there. To be sure it is not always this thoughtful man of quiet manner and gentle bearing, who makes his way best in the world as a successful physician. Many busy men, accustomed to dash, thrash and clatter in their own affairs expect to find “business” in their doctors, and they make a selection of one on business principles. The pursuit of science, be it medicine of whatever it may, and the pursuit of business in its general sense are so widely different that it is not to be wondered at, that good doctors are invariably bad business men, and good business men are frequently bad judges of doctors. In our own State, medical men have of late been by force of circumstances drawn much into public affairs. Within the past year some of the most important problems in preventive medicine have been forced upon us for solution. It was the year following our experiences of 1878. Action was demanded. There was no longer time for delay. Discussion upon the various theories of the origin of yellow fever was at an end. There was no time for other than a resolute decision and immediate execution must issue. This Society had for years before urged upon the State the necessity for the enactment of such measures as might be operated to prevent the spread of epidemic diseases. A State Board of Health had been created, and en-

dowed with the power to enact quarantine when in its judgment it might be necessary. The experiences of 1878 were fresh in the memory of the people of the State, and when in the summer of '79 the same disease from which they had suffered so much the year before was announced in the most important commercial city in the State, every locality that had suffered before at once enacted a rigid quarantine against that city. But the summer of '79—so fraught with interest, so full of good intentions and active labor to many of us—has passed now, and the winter affording season for cool reflection has come and gone. There has been a great scramble among the writers. The war of words has been immense; all the workers have been active; old leaves have been turned again; old history has been re-written and re-read and all that was before known to the few has become familiar to the many. Some studies have been prosecuted in a new direction, and although it is yet too early to measure the results or to define the benefits of usefulness to be accorded them it must be conceded by every fair minded student that the investigations relating to the yellow fever which have been made by the general government acting through the National Board of Health—particularly the work done by the Havana Commission—are of such consequence and value as to mark an epoch in Sanitary Medicine. Whether the little "slender acicular crystals" found by Dr. Sternburg in places supposed to be infected by yellow fever poison, or in places supposed not to be infected, shall prove to be that poison no one can yet tell. Dr. Sternburg himself makes no such assertion. He gives the history of the work done and tells us what he found and how he found it—as well as where it came from. If it were possible for that commission to know that these crystals were the veritable poison—no other or better account of them could have been given. It is untimely for us to say that nothing has been proven by the Havana Commission. The commission did not set out to prove anything—taking its report as evidence—and in that rests the virtue and value of its work. That part of medical etiology which has for its subject the consider-

ation of infection, or causes of disease is surrounded by so many difficulties and so great obscurity, as scarcely to bear comparison with any other branch of medical science—and really belongs to medicine at all, only by the most liberal interpretation. It is not covered by the whole province of chemistry, and the microscope is now known to be useful in but a limited field. If the recent announcement by Professors Klebs and Tommasi in Italy, of the discovery of the physical cause of intermittent fever, to which they have given the name of *Bacillus Malariae*, proves to be conclusive, and the fungus can be artificially produced, and the specific type of fever can be caused by it, as they claim, then the microscope will have done its first conclusive work in that particular department of study. These “movable, shining spores, of a longish oval shape,” are considered by their discoverers as belonging to the vegetable and not to the animal kingdom. In trichiniasis—flesh-worm disease—the infection is now known to be due to a living parasitical animal species. These living wormlets are found by the microscope, and whenever they are transferred to the human body they are apt to propagate, and the migration of great numbers of them throughout the tissues cause the disease. Now this last is something tangible. We can understand this. Here we have before our eyes the very thing that conveys the infection. We know precisely what disinfection would mean as applied to this little wormlet. We have only to kill him. By getting rid of him we are rid of his consequences. If we could see the cholera poison, or the yellow fever poison—the poison that causes scarlet fever, or typhoid, or diphtheria—it is likely that a way could be found of getting rid of these poisons or destroying their infecting properties. That would be disinfecting, in its proper sense. That is what we try to do now, but we make clumsy work of it, for we cannot know what we are trying to destroy, and can only know whether our disinfectants have done any good or not by comparing the amount of harm done by the poison where disinfectants were used and where they were not used. And so long as this remains the only means of

determining the value of disinfection, it is likely that there will be no general agreement upon it.

The time has not yet passed when many men believe that not all living things are comprised in the two commonly accepted animal and vegetable kingdoms. Why may there not be a third kingdom, created as were the other two? And if there may be a third kingdom of living things, may it not be a kingdom of parasites, disease--causes, living and preying upon the other two? With this hypothesis it is easy thinking and plain sailing where all is obscurity and doubt without it. Allow this, and we are not confined to the laws which govern other life for a government for this third kingdom. Cease trying to make it conform to the methods of vegetable or animal growth and production, and think of it alone as a new and utterly unknown class of living things, and we seem almost to come near it. It is a solution of our enigma, and a settlement of our disputes for the time. But it will still remain undiscovered, all the same; and aside from the wormlets of trichiniasis, and the others mentioned as among the possibilities, the physical causes of specific diseases will remain to be sought after for perhaps ages to come, as they have in ages gone. Still, the philosopher will continue to reflect upon the certainty of the existence of a *particulate something* that has for itself what, for the other kingdoms of life we call existence, that is able to so infect the human body as to cause the same disease in the same manner in any number of persons, and to have caused these same phenomena for all time. The chemist will continue in the future to analyze the pus from the pustules of variola, and the student will diligently examine the same with his microscope, and the same results will be attained that are attained to-day. They will find only *pus*. But that *pus* will have in it, somewhere, in some way, that very *thing* that will cause small pox, if passed into the human body that has not before been similarly affected, and this leads to the thought that this protection "that a person gains from a disease, by having had that disease, is one of most wonderful things in nature. It is beyond pathology, physiology or chemis-

try: We can so far seize upon no comprehension of it. We have no clew to it. So there is yet much to learn. There is yet work for man, whose work is for himself, and there will be work for that greater man who shall evolve from this, and who will fill the measure of a future wisdom that we know not of—for there is no end to learning.

And now, gentlemen, retiring from the high distinction of President of this Society with a heart full of thankfulness, I can only regret that my labors have brought you so poor reward, and that my blunders have cost you some discomfort.

**TREATMENT OF MENORRHAGIA, METRORRHAGIA,
DYSMENORRHŒA, LEUCORRHŒA, CHRONIC
ENDO-METRITIS, AND FLEXIONS,
BY RAPID DILATATION.**

BY QUINTIUS C. SMITH, M. D., AUSTIN, TEXAS.

Considering the unsatisfactory results following the ordinary routine treatment of the above-mentioned conditions, we thought the results we have obtained, namely, by rapid dilatation, in a comparatively limited number of cases, would not be devoid of interest. Deeming it unnecessary to relate the tedious details of individual cases, we will merely give a brief outline of our general plan of treatment, leaving to each the judgment of applying it to suit the varying conditions found in any given case. Of course, we do not pretend to originality in adopting this line of treatment, nor has it been successful in all cases. Yet, since its adoption, we have achieved much greater success than before. And we are pleased to see that the most recent gynecological publications have more fully elaborated this idea and gave us valuable instruction in regard to it. And also, that Dr. Marion Sims has recently so improved his uterine dilator, making it a most simple and efficient instrument. Heretofore, we used Atlee's dilator, which is a very useful instrument, though not always equal to the occasion; yet, owing to the smallness of its beak, is

useful in some cases, as a forerunner of Sims's dilator. As internal remedies can be but little relied upon to control the hemorrhage of menorrhagia or metrorrhagia, a specular examination should always be made at the beginning of treatment, that the source and cause of the hemorrhage may be ascertained; as a subjective diagnosis, or one made by the patient are both alike dangerous. In a given case of menorrhagia, leucorrhœa, or flexion, where no fungosities, tumors, or induration of the cervix exist, one rapid dilatation, with thorough application of strong tinct. iodine or iodoform to the uterine cavity, will give prompt relief; and if followed up by appropriate topical and constitutional treatment, will in many cases, result in a cure.

If, upon dilatation, fungosities or tumors are found to exist, we have made one step in the right direction, as they should be promptly removed with curette or otherwise, and strong tinct. iodine thoroughly applied by cotton-armed applicator or perforated sound. No fears need be entertained from applying medicine to the uterine cavity by the perforated sound, when the cervix is thus patulous, as only a small quantity is necessary. It is a well known fact, that neither menorrhagia nor metrorrhagia often depend on general causes.

The pain of dysmenorrhœa, is most surely and quickly relieved by rapid dilatation, and the consequent straightening, in some cases, of the flexed uterus. After rapid forced dilatation, the cervix is not so prone to return to a stenotic condition, as it is after cutting operations.

Formerly, in cases of induration of the cervix, we incised the vaginal portion with Kuchenmeister's scissors, then rapidly dilated the whole cervical canal. But since we ceased to use cutting instruments, and rely on rapid forcible dilatation, we have been more successful, and the time of treatment is abridged, and the result more permanent and satisfactory. Rapid forcible dilatation causes the cervix to become shorter, straighter, stronger and wider, thereby relieving many uterine ailments, and precluding the necessity, in many cases, of other more dangerous operations

and tedious disagreeable proceedings; thus saving valuable time to the physician, and unnecessary suffering and danger to the patient. Just here, en passant, we would note, that in the beginning of the treatment of uterine ailments, the anus and rectum should be examined in all cases, and if fissures, hemorrhoids or other troubles exist, they should receive prompt appropriate treatment. The operation of rapid forcible dilatation, would appear to be rough usage, yet instead of the great physical perturbation and nervous shock often following severe operations, the patient only complains of slight soreness for two or three days, and in many cases finds decided and immediate relief, as a result of the operation. For the relief of hemorrhagic cases of dysmenorrhœa, rapid dilatation should preferably be performed a few days after cessation of the catemenia; but for dysmenorrhœa, with scant discharge, dilatation should be performed a few days before the catemenial period. When rapid dilatation is performed for the relief of either menorrhagia, metrorrhagia, dysmenorrhœa, chronic endo-metritis, leucorrhœa, or flexions, the mode of procedure is much the same, except that the topical applications should be varied to suit the indications in each case. We use an anæsthetic in a majority of cases, but some patients prefer to endure the brief pain rather than take an anæsthetic. The mode of performing rapid dilatation is simple, and comparatively easy in most cases, after the following manner:

The patient is placed on a table or hard bed, in Sims's position, the cervix exposed by a Sims's speculum, the parts being illuminated from a window, or by artificial light and forehead mirror. The anterior lip of the cervix is seized with a small, slender volsella catch-forceps, the dilator is introduced as far as it will easily go, and slightly expanded, closed and passed up higher and partially expanded again, and so on until the point of the dilator has passed through the os internum; and if the uterus is displaced or crooked, the curve of the dilator should be so turned as to rectify the displacement, then expanded in different directions, held a few moments in each position, closed and

withdrawn leaving the uterus in its normal position, and such topical applications made as deemed best in each case.

Strong tinct. iodine is a favorite with us, especially if a hemorrhagic tendency exists. But in the after-treatment, for the uterine cavity, we prefer iodoform, in powder or strong tincture, to be applied by perforated sound or insufflator. By rapid dilatation some of the constrictor fibres of the cervix are ruptured, sometimes audibly, but only slight hemorrhage will follow, not requiring styptics other than the strong tinct. iodine. To prevent pain and inflammation, and to favor depletion, we place a tampon against the cervix, saturated with glycerole of iodoform, administer full doses of quinine with sufficient anodynes to relieve pain. The most suitable material for making tampons, in most cases, is ordinary candlewick, being used in one continuous piece, and one end left projecting from the vagina, can be easily and entirely removed by the patient, if it becomes necessary for her to do so. After rapid forcible dilatation of the cervix, which should always be performed at the home of the patient, the patient should remain in bed until all soreness of the pelvic organs is relieved, and such local and constitutional treatment used as each case demands. When there is congestion, inflammation, or induration of the uterus, iodoform is a favorite application with us, as its action is to quiet irritation, relieve pain, subdue inflammation, and to soften and diminish indurated tissue. Before we used iodoform in uterine therapeutics, we often observed, in the treatment of venereal inflammations and indurations, that it possessed antiphlogistic and catalytic powers in a remarkable degree. Formerly, when induration existed, we used the glass intra-uterine stem, but now, we prefer to repeat dilatation, if necessary.

While we are ever conscious of the momentous truth of the maxim, that we should "treat the patient rather than the disease," yet, when we consider the safety and simplicity of this operation, and the numerous and far-reaching benefits arising therefrom,

and the dangerous operations and futile expedients it supersedes, we can scarcely appreciate it too highly.

Dilatation of the cervix by tents, even in the hands of experts, is often a dangerous, and sometimes fatal operation. While forcible rapid dilatation, when a reasonable degree of judgment is exercised, could scarcely ever be dangerous, and can be repeated as often as necessary, with less trouble to the physician, and less danger to the patient, and with better results, than the repeated use of tents.

Proceedings of Societies.

TRANSACTIONS OF THE MEDICAL SOCIETY OF THE STATE OF TENNESSEE.

The 47th Annual Session of the Tennessee Medical Society convened in Kern's Hall at noon, yesterday, and was called to order by the President E. M. Wight, of Chattanooga, after prayer by the Rev. Dr. Park.

The following members of the Society were present: Drs. E. M. Wight, Chattanooga, President; B. B. Lenoir, Lenoir's, Vice-President; Ambrose Morrison, Nashville, Recording Secretary; V. S. Lindsley, Nashville, Acting Treasurer; W. P. Jones, Nashville; D. J. Roberts, Nashville; J. S. Nowlin, Nashville; F. Bogart, Sweetwater; J. J. Pulliam, LaGrange; T. E. Prewett, Grand Junction; W. J. Miller, Fosterville; F. B. Sloan, Decherd; W. T. Hope, Chattanooga; C. Deaderick, Knoxville; S. B. Boyd, Knoxville; J. H. Carriger, Knoxville; J. P. Park, Knoxville; M. M. Alexander, Knoxville; Jno. M. Kennedy, Knoxville; Frank A. Ramsey, Knoxville; A. B. Tadlock, Knoxville; C. A. Black, Knoxville; Jno. M. Boyd, Knoxville; C. C. DeArmond, Knoxville; C. C. Webb, Friendsville; G. E. Sharp, Trundle's X Roads; W. M. Vertrees, Nashville; J. L. Lewis, Jackson; F. Beale, Morganton; C. D. Russell, Jacksboro'; Vaulx Gibbs, Chattanooga; Sam. G. Bowman, Lenoir's; Fordyce Grinnell, Maryville; Jno. Blankenship, Maryville; T. W. Sloan, Sweetwater; E. S. Miller, Johnson City.

Dr. J. H. Carriger, President of the Knox County Medical Society, delivered the address of welcome, as follows:

"GENTLEMEN: In the name of the Knox County Medical

Society, allow me to welcome you to our city and tender to you our fraternal greetings with the assurance that it will ever be our pleasure and our highest ambition to emulate your self-denial and zeal in the pursuit of scientific knowledge. By your presence here, at the sacrifice of your personal convenience and pecuniary interest, we have a certain assurance that the good of your fellow-men is with you above selfish considerations. It speaks of your earnest purpose in the pursuit of scientific knowledge directed to the relief of human suffering, and it assures us that you appreciate the high and noble calling of those whose mission it is to minister to the afflicted.

In the discussions and investigations about to be called forth by this meeting, and in the associations about to begin to-day, is there not good reason to hope that there will be much to which, in after years, we can all recur with pleasant memories, realizing that our meeting was not without benefit to ourselves and to our fellow-men? The friction of mind with mind in an open and free discussion are helps to the elimination of truth.

The truth, in the search after which we are waging a relentless and a ceaseless warfare against charlatanry, ignorance and error, demands that we be panoplied with an armor better than that of Hercules. In this warfare we need weapons keener than the sword of Mercury, steeds swifter than the horses of Neptune and bows of greater strength than the bow of Apollo.

Charlatanry, clad in its nearly invulnerable armor of ignorance and self-conceit, whilst immolating her unsuspecting victims, is ever the relentless foe of the true scientist, and like the hydra of old, when one of her heads to-day has been stricken off, on the morrow she is rejuvenated by the production of a new head.

In vain it is we may invoke the aid of the fire brands of an Iolaus in the destruction of charlatanry and ignorance. The warfare is an endless one and we have need to renew our strength in frequent councils; we have need to muster our hosts with circumspection; we have need for wisdom in our leaders, and we

have need to present a united front to our enemies if we would battle for the victory as we are now battling for the right.

During the morning session invitations to members of the Society to visit the University of Tennessee, the Tennessee School for Deaf and Dumb, the Island Home farm and other places of interest were accepted.

The following letter from the venerable Dr. J. G. M. Ramsey was read before the Society, and upon motion the members decided to visit him at his home, after adjournment in the afternoon.

KNOXVILLE, TENN., April 6, 1880—Gentleman: You are very kind and polite for the facilities you offer for my meeting the Medical Society of Tennessee to-day. Medicine is my first love, and to this, the 84th year of my age, it continues to inspire and animate me. Since August, 1820, I have been devoted to its practice, and now when so brilliant a body of its members assemble in our own town of Knoxville to promote the cause and advance all the great interests of the "Divine Art" of healing and promote the progress and culture of the "Esculapian Mysteries," I have to regret that age and its infirmities compel me most reluctantly to say that I am unable physically to leave my room. Please present my highest to our respected professional brethren and to offer to them my excuse (apology it can scarcely be called), for failing to meet them and enjoy the pleasure and benefit of their wise deliberations.

I hoped to be able to prepare a medical paper for the Society on this occasion, but continued infirmity has not allowed me to perform this duty.

I need scarcely say how gratefully I would enjoy the pleasure of seeing every one or all of the Society on any day or hour of your session.

AFTERNOON SESSION.

At the afternoon session the President, Dr. E. M. Wight, de-

livered an interesting annual address, devoted principally to subjects pertaining to the practice of the profession. The address was well received by the members of the Society. A vote of thanks was tendered the retiring President for the very able address, which was ordered published.

On call for special committees, several reports were submitted and others postponed.

On motion a committee of five were appointed to memorialize the Legislature, asking for the passage of a bill to regulate the practice of the profession in this State.

A communication was read from the Haywood County Medical Society, now in session, expressing regret that the Society is not represented at the annual meeting.

Dr. V. S. Lindsley presented the annual report of the retiring Secretary, J. Berrien Lindsley, containing valuable information to the Society. The report was received and ordered filed.

A communication was read from the Secretary of the Shelby County Medical Society, transmitting a copy of charges and specifications preferred against Dr. E. M. Wight, President of the State Medical Society, for alleged unparliamentary rulings at Nashville while presiding officer of the Society. Resolutions asking for a committee of Investigation accompanied the communication.

An animated discussion followed, pending which a point of order was raised, followed by motions to table, to refer to the Board of Health for quarantine, etc.

A motion to refer the charges to a committee of three to report during the present session, prevailed, and Dr. Lenoir, Vice President, who presided temporarily appointed as said committee Drs. Prewitt, Bogart and Roberts.

A report in the case of Dr. Wells, of Gallatin, was tabled.

The Committee on Publications reported verbally, deferring for the present a fuller report.

On motion the by-laws of the Society were so amended that each chairman of committees is required to present reports or

select a member whose duty it shall be to do so, in the absence of such chairman.

On motion of Dr. V. S. Lindsley, the Society adjourned to meet at 7 p. m., and the members visited Dr. J. G. M. Ramsey at his residence in East Knoxville.

At the night session, the President appointed on behalf of the Society Drs. McReynolds, Sevier, W. T. Briggs, Tadlock and Atlee a committee to memorialize the Legislature for the purposes above mentioned.

At the suggestion of the Permanent Secretary the by-laws of the Society were so amended that unpaid dues were remitted for years previous to 1880, and delinquents after the present year shall forfeit their membership in the Society.

The report of a special committee to whom was referred a communication from the Knox County Medical Society, was called, and after discussion postponed.

The President addressed the Society relative to charges pending against him, and invited a thorough examination.

A discussion ensued regarding the construction of section 2, article 5, of the constitution, touching the requisite qualifications for membership in the Society. The ruling of the chair was sustained.

The names of about twenty physicians were enrolled as members of the Society during the day.

Nashville was selected as the place for holding the next annual meeting.

SECOND DAY.

Dr. Plunket, the retiring Treasurer, presented his annual report, setting forth the financial condition of the Society, suggesting recommendations, etc. The report was referred to a special committee comprising Drs. Atchison, Ramsey and Tyner, with instructions to report upon recommendations contained in the report.

On motion the President to be chosen at this meeting of the Society was instructed to appoint Drs. J. B. Lindsley, F. A. Ramsey and Thornton to prepare papers on sanitary medicine, to be read before the Society at next meeting.

The committee to whom was referred the arrangement of volunteer papers to be read during the present session of the Society reported that ten essays or addresses had been presented.

The election of officers, on motion, was postponed until after the disposition of charges presented against Dr. Wight, President of the Society.

Dr. Roberts read the resolutions, charges and specifications which came up from the Shelby County Medical Society, charging the presiding officer with arbitrary and unparliamentary rulings at a former meeting, and the special committee appointed on Tuesday last, consisting of Drs. Deering J. Roberts, T. A. Prewitt and F. Bogart, presented the following report :

MR. PRESIDENT AND GENTLEMEN : While we are unwilling to do anything that would impair or weaken the affection of any of the members of the Shelby County Medical Society for the State Society, and regretting the absence of the Members of the State Society mentioned by them in their communication to the State Society, yet, from all the evidence that we, your committee, could get from the members of the State Society who were present at the meeting at Nashville, Tenn., Nov. 17, 1879, including the ex-parte statement of Dr. T. O. Summers, who introduced the resolution in behalf of the Shelby County Medical Society, we are satisfied that Dr. E. M. Wight did not intentionally do said Shelby County Medical Society, or any of its members, any injustice, and expressed his regret that they should so construe his action. We, therefore, your committee, cannot recommend that the charges be entertained ; but in view of the above facts and the statements made us by Drs. Wight and Clarke disclaiming any intention whatever of disrespect to the delegates or resolutions of said Shelby County Medical Society, do recommend that the papers be returned to the Shelby County Medical

Society with the request and sincere hope that they will accept this disclaimer of any intentional wrong, as fully satisfactory. We beg leave to append the letter of Dr. Clarke.

Following is the accompanying letter of Dr. Clarke, mentioned in the report and addressed to the committee.

DEAR SIRs: Having received reliable information that matters foreign to the purposes for which the State Medical Society at its meeting in Nashville, Nov. 17th, 1876, was called, would be introduced by members from Shelby County, without any collusion or understanding whatever with Dr. E. M. Wight, I made a motion to adjourn when I thought that matters unpleasant to the Society were impending. I had no reason to believe that said matters had any relation whatever to the State Board of Health and was only informed that they were such as might be unpleasant to the State Society at that time.

The report of the committee was adopted by a unanimous vote. The election of officers being next in the order of business, on motion of Dr. M. M. Alexander, the Secretary was instructed to cast the vote of the Society for Dr. B. B. Lenoir, of Lenoir's, as President for the ensuing year.

On motion of Dr. Roberts, Dr. Alexander, of Knoxville, was elected Vice President for the Eastern Division of the State—Secretary, by instruction, casting the vote.

Dr. W. M. Clarke, of Nashville, was chosen as Vice President for Middle Tennessee, and Dr. T. J. Tyner, for the Western Division of the State.

The election of a Permanent Secretary was deferred, in the absence of the present incumbent Dr. J. Berrien Lindsley, who holds over till a successor is selected.

Dr. Frank A. Ramsey, of Knox, was elected Corresponding Secretary; Dr. Morrison, Recording Secretary, and Dr. J. D. Plunket was re-elected Treasurer of the Society.

On motion, the Recording Secretary was voted \$100 for services, to be paid out of any funds in the treasury not otherwise appropriated.

After an announcement by the chair that the State Board of Health would meet immediately after the adjournment at noon, the Society, on motion, adjourned till 2 p. m.

After the adjournment of the morning session, the Society, by request, visited in a body the School for Deaf and Dumb. A number of citizens accompanied them. The visitors were met and showed over the large building by the polite officers of the Institution, and then repaired to one of the large rooms in the building, where class exhibitions under the superintendence of Profs. Ijams, Houghton, Brannum, Hommel and Moses, entertained and amused the strangers for an hour. All present were singularly struck with the sprightliness, proficiency and humor of the inmates of the Asylum. Great credit is certainly reflected upon the officers of this school by the advancement, intelligence and cheerful demeanor displayed by the pupils. There are at present considerably over a hundred pupils in attendance. The little fellows got off several humorous hits on the Doctors.

AFTERNOON SESSION.

Dr. M. M. Alexander, Chairman of the Committee on Credentials, introduced a resolution providing for an alteration in article 2, section 5 of the constitution, prescribing the qualifications for membership, which was adopted by unanimous vote.

Dr. W. P. Jones, read an interesting essay on the subject of Insanity.

Dr. D. J. Roberts presented an exhaustive paper on the subject of Cholera Infantum.

THIRD DAY.

The day was occupied principally in hearing essays delivered by different members on various topics of interest to the profession.

Dr. T. Menees, of Nashville, delivered an able address on the

use of the forceps, for which a vote of thanks was tendered by the Society.

Dr. W. R. Sevier, of Jonesboro, presented an exhaustive paper on Toxæmic Diseases, which commanded earnest attention.

One of the most interesting papers read before the Society was that of Dr. Van. S. Lindsley, of Nashville, on *Hypermetropia*, comprehending vision, the eye or its functions. The paper was discussed at length by Dr. Jno. M. Boyd, whose wide experience as a successful oculist rendered the subject of general interest to the profession.

A paper on Strangulated Hernia was read by Dr W. T. Hope, of Chattanooga.

Among other volunteer papers and essays submitted were the following :

Hypodermic Medication, by Dr. T. J. Tyner.

Iodine as a substitute for quinine, Dr. F. Grinnell.

Surgical Dressings, T. O. Summers.

General Cirrhosis, Dr. W. J. Miller.

Traumatic Cataract, Dr. J. G. Sinclair.

The President-elect announced the following standing committees :

Arrangements—Drs. W. A. Atchison, W. G. Ewing and W. P. Jones.

On Essayists—Drs. G. B. Thornton, W. M. Clark and A. B. Tadlock.

On Tennessee Medical Necrology—Drs. Julius Wise, Thos. Lipscomb. P. D. Sims, W. M. Clark, J. F. Grant.

On Publications—Drs. D. J. Roberts, A Morrison, D. R. Stubblefield, M. S. Hawkins, J. R. Harwell.

On Business—Drs. J. Berrien Lindsley, J. P. Park, G. B. Thornton.

List of Essayists for 1881 :

Thoughts and suggestions on the Management of National Labor—M. M. Alexander.

Infantile Tetanus—H. L. McReynolds.

Obstetrics—J. P. Park.

Post Partum Hemorrhage—T. Menees.

Strangulated Hernia—Chalmers Deaderick.

The Work of the National Board of Health—C. C. Fite.

Quarantine—T. J. Tyner.

Recent Contributions of Chemistry to Materia Medica—J. M. Safford.

Report of Cases and Remarks—T. E. Prewitt.

Malarial Disease—Fordyce Grinnell.

New Remedies—W. T. Hope.

Action of Mercury—W. M. Vertrees.

Surgical Improvements—T. O. Summers.

Hot and Cold Water as Therapeutic Agents—J. S. Nowlin.

The following Board of Censors were selected from the various Districts of the State :

First district—W. R. Sevier.

Second district—Jno. M. Boyd.

Third district—F. L. McReynolds.

Fourth district—W. T. Hope.

Fifth district—R. F. Evans.

Sixth district—D. C. Gordon.

Seventh district—J. R. Harwell.

Eighth district—J. W. Charlton.

Ninth district—A. P. Waterfield.

Tenth district—T. E. Prewitt.

The following members of the Society were appointed as delegates and alternates to the session of the American Medical Association, which convenes in New York, on the first Tuesday in June next :

Drs. V. S. Lindsley, J. D. Plunket, J. M. Safford, A. Morrison, T. A. Atchison, W. P. Jones, G. B. Thornton, E. M. Wight, W. M. Vertrees, J. L. Atlee, J. J. Tyner, J. J. Pulliam, T. E. Prewitt, D. J. Roberts, J. M. Boyd, J. P. Park, M. M. Alexander, A. B. Tadlock, H. L. McReynolds, C. Deaderick, F. A.

Ramsey, J. G. Sinclair, M. T. Davis. J. M. Carriger, W. R. Sevier.

Appropriate resolutions were offered by Dr. W. T. Hope, expressing thanks of members of the Society for the hospitable entertainment and elegant reception extended by the ladies of Knoxville.

By Dr. Wight—Resolutions expressive of thanks to the Knox County Medical Society.

By Dr. Morrison—Resolutions returning acknowledgments to President Humes, of the University of Tennessee; Prof. Ijams, of the Tennessee School for Deaf and Dumb; Perez Dickinson, Esq., and citizens generally for courtesies extended during the meeting of the Society.

After the transaction of unimportant business the Society, on motion, adjourned to meet in Nashville on the first Tuesday in April, 1881.

Selected Articles.

GANGRENE OF THE LUNG TREATED BY INCISION.

BY SOLOMON CHARLES SMITH, SURGEON TO THE HALIFAX INFIRMARY.

I am tempted to put on record the following notes because the case is one which breaks into somewhat fresh ground, and suggests new possibilities in the treatment of a very fatal disease.

On Oct. 14th, I was asked by Dr. Lawson, of Hebden Bridge, to see with him a case of gangrene of the lung. The patient was a gentleman a little over sixty years old, who had enjoyed good health up to the time of his illness, except that for a few months he had been a little short of breath in going uphill. A fortnight before I saw him he had been attacked suddenly with right pneumonia, beginning with a rigor, attended with pain in the right side, pneumonic crepitus, and rusty sputa. The case was not very severe, the temperature never being noted above 102 degrees, and in about a week he got up. After two days, however, the cough became worse, and feeling very weak, he returned to his bed, and it was noticed that his breath was very offensive. On the evening of October 13, he suddenly expectorated half a pint or more of horribly fetid grey fluid, and sank rapidly into the collapsed condition in which I found him the next day. He was then in a clammy perspiration, with panting breath and loud tracheal rales; he had an extremely feeble pulse of 130, and could

not lie down because of the cough. The air of the whole room was made horribly offensive by the gangrenous odor of the breath and expectoration. This last was of two sorts; sometimes it would be thick, tenacious, and muco-purulent, but frequently alternating with this it was a thin, grey, stinking fluid, which seemed to gush suddenly into his throat in such quantity that he would spit out mouthful after mouthful of about half an ounce each, for three or four times in succession. The right side was slightly less resonant than the left, especially at the base, and under the right nipple, but it was not really dull anywhere. There was less respiratory sound on the right side and less vocal vibration, but all the sounds were greatly masked by the tracheal rales, which were loudly conducted to the ear. A soft systolic bruit was audible over the apex of the heart. He made no complaint of pain, but his tongue was black-brown and dry, and he was altogether in so intensely an adynamic condition that it was impossible to give any but the gravest prognosis.

Liquid food, brandy, and bark with ammonia, were given him; and for two days he did seem to mend a little, but then the expectoration diminished, and he again became desperately ill, though somewhat relieved early on the 18th by getting rid of a quantity of the same thin stinking fluid as before; but it was obvious that there was no free vent to the cavity, wherever it might be, and he again, with somewhat diminished expectoration, subsided into a worse condition than ever, for his powers were now failing under the constant strain and want of sleep. Dr. Lawson and I felt convinced that the gangrenous process had resulted in the formation of a cavity of some size, and we thought it must be situated near the root of the lung, from the great suddenness with which such quantities of fluid were poured out, but we were unable for many days to find any auscultatory evidence which would point to its position. We noticed, however, that there was tubular respiration just about and below the spine of the scapula and outside and below the nipple. On November 20th, however, we were able to assure ourselves of the existence of a decidedly

cavernous breath-sound at these points, not heard with every respiration, but occurring occasionally, as if air only now and then entered the cavity.

Believing, then, that there was a large cavern extending deeply through the middle lobe of the right lung, hoping, also, that the adynamic condition of the patient was due mainly to a process of poisoning by its fetid contents, and feeling sure, from the intermittent manner in which this fluid came away, that it had no efficient outlet, we felt that the only chance of doing good lay in making a better exit for it by surgical means, but before adopting so radical a measure we asked Dr. Clifford Allbut to meet us in consultation.

The result of our deliberations amounted to this—(1) That as the patient was he was sure to die, and that very speedily; (2) that there would be some chance if the cavity could be found and an opening made; (3) that it would be justifiable to explore with the aspirator, and, if we could enter the cavity, to enlarge the opening and put in a tube. On explaining matters to the patient he decided to undergo the operation. It seemed probable that the necrosed patch appeared nearer to the front than the back of the chest, but in view of the much more efficient outlet which would result from a posterior incision, I chose a point near the angle of the scapula, where I inserted an aspirator needle for three or four inches. No fluid escaped, but very bad-smelling air was drawn through the tube, and on holding a candle opposite the open cannula the flame was blown to and fro during respiration, so that we were satisfied that a cavity had been reached. Using the canula as a director, I then inserted a knife between the ribs, and slipped in by its side a pair of dressing forceps, by opening which I dilated the wound sufficiently to introduce a strong india-rubber tube, through which a little carbolic lotion was then introduced; this seemed to set up a coughing fit, when about half a pint of fetid pus of the same character as the thin offensive expectoration was forcibly ejected. The tube was left in, and the wound covered by a large pad of a dozen folds of coarse muslin

wrung out of a solution of carbolic acid, which was ordered to be changed every three hours.

For the first week after the operation the improvement was very decided; for six days the expectoration was so much diminished that he gave up the use of the spitting cup and contented himself with a handkerchief; the fetor also became much less except at the times when the dressing was changed; he enjoyed his food better, and was altogether more comfortable. The respiration became much clearer in the left lung and the unaffected parts of the right, the moist sounds being much fewer and the tracheal rales only occasional. But the discharge from the wound continued intensely offensive notwithstanding daily irrigation of the cavity by a syphon. The tube, however, acted very well as a drain; whenever the dressings were changed they were found to be soaked in discharge over an area of five or six inches in diameter, and the water which escaped on washing out the cavity was but little stained, so that we could not attribute the offensiveness to decomposition of the pus, but rather to the sloughy condition within the lung.

On October 28th, the discharge lessened a good deal, the expectoration increased and became offensive again, and the pulse, which had previously stood between 90 and 100, ran up to 112. The temperature, however, was only 100 degrees.

On the morning of October 29th, he was a good deal better again; pulse 98, less cough and expectoration, and he was taking food well; the wound, however, was beginning to be sloughy, and a few gangrenous black shreds were discharged through the tube. In the afternoon he became very ill with labored breathing, orthopnoea, very quick pulse and profuse cold sweats, probably from cardiac failure. After being in a very desperate condition for several hours he partly recovered, but never got back to what he had been before. He gradually became weaker, less willing to take food, and less able to help himself, and on Nov. 2nd, he died, apparently from simple asthenia. Unfortunately there was no necropsy.

Gangrene of the lung occurs in several forms, and seems to be produced by many causes, but the interest of this case is clinical rather than pathological, and centers on the possibility of giving relief by surgical means. One's justification for doing a serious operation often lies in the gravity of the condition for the relief of which it is undertaken. Now it will be understood at once that the proposal here is a most serious one. It is no small thing to wound the lung, and it is not possible to feel certain that the opposed pleural surfaces are adherent, and that one will not, by an incision, lead to the production of an ichorous empyema; but, on the other hand, the prognosis of gangrene of the lung is exceedingly grave, so grave as to justify anything which affords the slightest hope of obtaining relief. Dr. Walshe says, on the question of prognosis, "Recovery has been calculated to occur in one-twelfth of cases. This, however, I regard as altogether too high an estimate of the favorable chances, unless it be understood to include the most trivial cases, as for instance, partial sloughing of the walls of a cavity." And there can be no doubt in my case that the patient was sinking when interference was proposed.

In estimating the possibility of doing good by operation one has to bear in mind the physical condition of the gangrenous lung. Dr. Walshe quotes Laennec to the effect that the gangrene is very much more frequently circumscribed than diffused—"of sixty-eight cases sixty-two are represented to have been of the circumscribed, six of the diffused form." Now, when gangrene of this form has resulted in a cavity of such a size as at all to suggest the possibility of an operation, that cavity is not the primary result of the gangrenous process, but has been produced by an ulcerative action in the "exudative matter of low plastic type," by which the sphacelated parts were surrounded. We must not then expect to find a cavity stuffed full of sloughy lung-tissue, for what exists is an excavated chasm containing semi-purulent ichor, and a small, fetid, shaggy mass corresponding to the original gangrenous portion. "The size of the gangrenous portion at its commencement varies from that of a bean to that of a hen's egg;

it is most commonly not smaller than a hazel-nut or larger than a walnut" (Rokitansky). This eschar becomes separated from the surrounding lung, which remains in a state of reactive inflammation; but from a want of energy in this process of reaction, the primary gangrenous abscess may extend in various directions by a process of infiltration and softening, analogous, apparently, to sloughing phagedæna.

I cannot find any definite statement as to the frequency with which the pleural surfaces are likely to be found adherent, but on consideration of the physical conditions requisite for the production of physical signs, I should feel inclined to say that, in an acute inflammatory disease like this, where auscultatory evidence of a cavity can be heard, such a cavity is likely to be accessible. It either must be close to the surface or must be surrounded by such an amount of solidified lung-tissue as to form an uninterrupted conducting medium from within to without, in either of which cases it is probable that the pleural surfaces will be adherent.

To tap through solid lung and adherent pleura does not seem so very serious a matter, and if a gangrenous cavity is advancing towards the surface of the lung surrounded by so feeble a zone of inflammation as not to set up adhesion of the pleural surfaces, tapping would seem only to hasten by a little what would inevitably soon occur of itself, with this compensatory advantage, that, instead of a closed empyema, an open one would result; the incision which caused the empyema being also the most essential thing for its relief.

I think, then, that although many observations are required before the indications for the operation of incision in gangrene of the lung can be definitely laid down, it is probable that the following will be found a fair tentative proposition:—That when (1) the opening through the bronchi seems to be inefficient as an exit for the fluid, or the passage of the gangrenous ichor seems to be setting up irritation in the bronchial mucous membrane, (2) the patient appearing to sink rather than to rally, and (3) auscultatory evidence of a cavity can be heard, an incision with a view to drainage is justifiable.—*London Lancet*.

Extracts from Home and Foreign Journals.

SURGICAL.

COLOTOMY PERFORMED BY A PARROT.

Mr. J. Wood showed the colon of a sheep in which colotomy had been performed by a parrot. The specimen, together with a specimen of the bird, had been sent to him for exhibition at the Society by Mr. Delacour, of Otago, New Zealand. The parrot is the Ka-ka (*Nestor notabilis*), which abounds on high ground in the neighborhood of Otago. Its ordinary food consists of berries and insects; but it appears to have acquired a taste for raw flesh, for it attacks living sheep, tearing out the wool, and picking the flesh. When the sheep are assembled wounds resulting from this treatment are often found on them, and not unfrequently they present an artificial anus in the right loin. The specimen was from a sheep that had been so attacked. It consisted of the lumbar vertebræ and the colon, showing the artificial anus, between the iliac crest and the last rib on the right side; there was contraction of the gut below, and hypertrophy above the wound. The sheep was much wasted. The *modus operandi* appeared to be as follows:

The birds, which are very bold, single out the strongest sheep in the flock. One bird, settling on the sacrum, tears off the wool with its beak, and eats into the flesh till the sheep falls from exhaustion and loss of blood. Sometimes the wound penetrates to the colon; it may be on the left, but more frequently on the right side. Whether the birds attack dead sheep, is doubtful. Prof. Flower had suggested that the bird had in view the object of

getting at the contents of the colon, but it seemed more probable that it was really due to its acquired carnivorous habits that it wounded the sheep, and the loin, especially, owing to the position it took upon the sheep's back. The President said they were much obliged to Mr. Delecœur for his communication.—*The London Lancet*.

PUNCTURE OF HÆMARTHROS.

Dr. Riedel's investigations (*Deutsche Zeitschrift fuer Chirurgie* Bd. xii, S. 447), as to whether the blood coagulates in hæmarthros, when and under what circumstances absorption takes place, are of great practical value. The author found in a large number of punctures the blood perfectly or almost perfectly fluid, when in cases of traumatic hydarthros the trocar was introduced during the first three days. Once after six days, 50 ccm., and three times after eight days, respectively 50, 80 and 100 ccm. dark fluid blood were removed without traces of coagulas, while in a large number of other cases of puncture between the fourth and eighth day, the principal part of the blood was fluid, but some coagulas were removed through the trocar, and others left behind in the joint. Once in a case of transverse fracture of the patella (5 days old) with broad diastasis of the fragments, and the joint perfectly filled, he found the blood coagulated in such a degree, that not a drop could be aspirated.

Against Riedel's belief, that even large coagulas of blood are quickly absorbed, the author mentions a case, in which he amputated fourteen weeks after the accident, and found the synovial cavity still filled with a large amount of coagulas, which adhered firmly to the synovial membrane, and not a drop of synovial fluid was found in the joint.

The author has advocated the use of the puncture of the knee-joint in cases of traumatic hæmarthros, since the introduction of the antiseptic treatment of wounds. He states that ankylosis with total obliteration of the joint may occur in cases in which the coagulated blood is quickly organized. It does not occur

often, and only provided a uniform layer of clot is deposited on the inner surface of the synovial membrane and the secretion of synovia is suppressed perfectly by it. Volkman verified this statement once in case of transverse fracture of the patella. Eleven months afterwards, when the patient died of some other disease, the knee-joint was found ankylosed in a straight position, the cartilage intact but united with each other and with the synovial membrane, by a continuous layer of fibrous tissue (1—2 lines thick), so that not the least movement was possible.—Richard Volkman in *Centralblatt fuer Chirurgie*.—*Buffalo Med. and Surg. Journal*.

ABORTED WHITLOW.

Gross, justly remarks that abortive measures have seldom succeeded in this ugly affection, for the tendency is rapidly to supuration. With the elastic bandage both the deep and superficial varieties may be aborted. If used early, suppuration will be prevented, but if time has been lost the suppurative action may be arrested and the case rendered comparatively insignificant—that is, comparatively painless.

For the fingers, and on the limbs of children, a very light bandage must be used. Finding that of Martin too heavy, I procured what is known in dental parlance as “Rubber Dam,” and cut it into strips suited to each case. The lightest variety is sufficiently strong for use upon the fingers. Care must be exercised so as not to *prevent* but to *control* the circulation in the part.—*Cincinnati Lancet and Clinic*.

PARAPHIMOSIS—SIMPLE MODE OF REDUCTION.

In very difficult cases, where ordinary means fail, Bardinet proceeds as follows: he takes a hair-pin, presses the points together somewhat, and inserts the curved end under the strangulation back of the gland. He then applies a second and a third at intervals around the gland; then, drawing the prepuce forwards, reduces it with great facility, the skin gliding over the three bridges without obstruction.—*Le Praticien*.—*Chicago Medical Journal and Examiner*.

M E D I C A L .

THE ANTISEPTIC TREATMENT OF PHTHISIS.

Dr. Curschman, of Hamburg, strongly advocates the inhalation of antiseptics in phthisis. His mode of treatment is described in a Berlin medical journal. He employs a respirator made of vulcanite, with a rim of soft india-rubber, where it touches the face, to insure close contact and prevent air from entering the lungs except through the respirator. He generally covers both nose and mouth, so that all the air which the patient breathes is saturated with the vapor in the inhaler.

The substances used for inhalation are pure oil of turpentine, carbolic acid, thymol (either pure or diluted with from one to three parts alcohol), and creosote. Dr. Curschman finds no bad results from using the agents either pure or slightly diluted. Careful examinations of the urine after the prolonged inhalation of oil of turpentine never revealed the least renal irritation; nor did the patients complain of any unpleasant symptoms except occasionally a little oppression of the head and headache. The same is true of the use of undiluted carbolic acid previously liquefied by a gentle heat. If care be taken to wipe the edge of the inhaler frequently where it touches the face, and to anoint the face itself with simple ointment, there is no local soreness. Dr. Curschmann has never seen any irritating effect produced either on the inside of the mouth or the larynx by the carbolic acid in so concentrated a form; nor has any instance of so-called carbolic "intoxication" occurred in his practice. He explains the harmlessness of the pure acid; first, by the small amount of it which evaporates and reaches the lung at all; and, secondly, by the fact that a large part is, very soon after reaching the dilated bronchi or cavities, expectorated with their secretion, and that the false membrane lining these cavities probably offers considerable resistance to its absorption into the system. Both carbolic

acid and thymol evaporate much more freely in alcoholic solution than when pure; and he has almost invariably used thymol in this form alone. Alcoholic solutions of carbolic acid are more apt to cause paroxysms of cough than the undiluted acid. More patients, however, object to the use of thymol than of carbolic acid; but the former is, no doubt, safer for children's use than the latter.

Creosote never requires dilution, but it is very important to see that the druggist supplies a pure article. Dr. Curschmann prefers creosote in cases where there is a tendency to hæmoptysis; he finds that it not only has a styptic action and disinfecting properties as powerful as those of carbolic acid, but that its vapor is sedative, and allays rather than excites cough.

Dr. Curschmann relates the history of two cases of phthisis with abundant fetid expectoration. One was treated by inhalations of pure carbolic acid; the other, first by oil of turpentine, and later by carbolic acid. The inhalations were at first kept up for two or three hours at a time, later continuously. Both patients were relieved of their cough, and during the six months they were under observation gained twenty pounds in weight.—*Boston Journal of Chemistry.*

TREATMENT OF CHEST DISEASES BY PETROLEUM.

Dr. Monbre, writing to the *Gazette des Hopitaux*, gives his experience of petroleum capsules in simple and chronic bronchitis. This balsamic had been brought before the Therapeutic Society by Dr. Blache a year ago, at the instigation of a Paris chemist, who named it Gabian oil, in order to prevent public prejudice. Each capsule contains twenty-five centigrammes of pure petroleum, the ordinary oil not being used, as it has to be distilled in contact with sulphuric acid to render it fit for lighting purposes. At the Hospital Beaujon, where these capsules have been freely ordered for chronic bronchitis, a rapid diminution of the secretion and fits of coughing were observed. In tuberculosis this medicine gave encouraging results.—*Arkansas Medical Monthly.*

OBSTETRICS.

VOMITING OF PREGNANCY.

Dr. Hickman urges that oxalate of cerium, to prove efficient in the *vomiting of pregnancy*, should be given far more freely than is usually done—ten grains as often as necessary, taking care to give the first dose half an hour before the patient rises from bed. He has not seen good results from combining it with subnitrate of bismuth. Bismuth is best given in combination with carbolic acid, according to a formula given in Bartholow's "*Materia Medica and Therapeutics*" (℞. Bismuth. subnitrat. ʒ iij, acid. carbolic. gr. ij-iv, mucilag. acaciæ fʒj, aq. menth. pip. fʒiij. M. Cap. fʒss ter vel quater in die.). Arsenic is especially indicated when the vomiting is followed by painful retching, and when the ejected matter is streaked with blood, or blood alone is cast up. When the vomited matter is alkaline, nitro-muriatic acid will generally be found fairly trustworthy. Ingluvin however, he thinks "stands first among the agents reviewed." When all medication fails, the induction of premature labor is indicated. We should protest against this radical expedient, unless after failure to give relief by Copeman's method—dilation of the cervical canal.—*New York Medical Journal*.

LACERATED CERVIX.

O. E. Herrick suggests a modification of Emmet's operation for lacerated cervix. He freshens the edges of laceration, but instead of applying sutures as Emmet directs, he encircles the neck with a rubber ring or with several of the little rubber loops that are found at the stationers' and are used for holding papers together.

He claims the following advantages from this modification of the operation. First, as about all the pain experienced during the operation is from the introduction of the sutures, if these are omitted, an anæsthetic may be dispensed with. Second, if the patient is not etherized, it is not absolutely necessary to have professional assistance, and one can operate upon patients that would not listen to such a proposition if strange physicians were to be present. Third, the parts are kept in just as close contact, and union takes place just as soon. Fourth, there is less danger of inflammation taking place in the parts. Fifth, there are no stitches to remove. Sixth, in slight cases patients may be operated upon at the office, and even without their knowing that they are undergoing any important operation, as they are not obliged to keep their beds a single day on account of it.—*Med. and Surg. Reporter.*

TREATMENT OF PLACENTA PRÆVIA.

Dr. Nunn's new method of treating *placenta prævia* consists in "gentle intra-uterine installations of hæmostatics." In accidental hæmorrhages and in those preceding abortion, he prefers the fluid extract of matico, conceiving it to be less irritating in its after-effects. He has used this method of treatment in several cases of partial *placenta prævia*, and in this article he gives a case of complete *placenta prævia*, in which the application of liquor ferri persulphatis to the bleeding surface, by means of a cotton swab passed through the os with the aid of a speculum, arrested the hæmorrhage instantly and absolutely. As labor progressed, two more applications were required. After the first one only, a pledget of cotton saturated with the styptic was left in the cervix. The author insists upon the differences between this method and the use of vaginal styptic applications.—*New York Medical Journal.*

Editorials. Reviews, Etc.

PUBLISHER'S NOTICE.—The JOURNAL is published in monthly numbers of FORTY-EIGHT pages, at three dollars a year, to be always paid in advance.

All bills for advertisements are to be paid quarterly, after the first insertion of the quarter.

A Postoffice Order is the cheapest and best mode of remittance; after that, a Registered Letter, or Draft on a Bank. Postmasters' receipts we have had *ad nauseam*.

We will not be responsible for money, unless sent by Express, Postoffice Order, or Registered Letter.

☞ The JOURNAL is on file with H. B. Conrad, M. D., 174 East One Hundred and Twenty-second Street, New York City, where advertising contracts can be made.

All communications must be addressed to

C. S. BRIGGS, M. D.

THE MEDICAL SOCIETY OF THE STATE OF TENNESSEE.

This venerable Society held its 47th Annual Session at Knoxville, April 3rd. We take pleasure in calling the attention of our readers to its proceedings, together with the address of the retiring President, both of which appear in this number of the Journal.

The meeting was largely attended, and the transactions creditable.

The members will long remember this meeting as one of the most enjoyable in the annals of the society. The cordial welcome and the series of entertainments and receptions tendered by the hospitable citizens, with the well directed efforts of the Knox County Society combined, to render the meeting in every respect memorable. Numerous essays and volunteer papers were read. The President's address was well received and timely.

He directed attention to the present status of opinion, regarding disinfection in epidemics, briefly reviewed the conclusions reached by the government commission sent to Havana to investigate Yellow Fever, and put forth the suggestions as to the existence of a third animal kingdom, being connected with the etiology of epidemic diseases.

The selection of President, Dr. B. B. Lenoir, of Lenoirs, gave general satisfaction. After a most pleasant meeting, the Society adjourned to meet in Nashville, April 1881.

HYDRATE OF CHLORAL.

Dr. H. H. Kane, of New York City, specially requests members of the profession with any experience whatever in the use of the Hydrate of Chloral to answer the following questions, and give any information they may possess with reference to the literature of the subject:

1. What is your usual commencing dose?
2. What is the largest amount you have administered at one dose, and the largest amount in twenty four hours?
3. In what diseases have you used it (by the mouth, rectum, or hypodermatically), and with what results?
4. Have you known it to affect the sight?
5. Have you ever seen cutaneous eruptions, produced by it?
6. Have you known it to affect the sexual organs? If so, how?
7. Do you know of any instances where death resulted from or

was attributed to its use? If so, please give full particulars as to disease for which given; condition of pulse, pupils, respiration and *temperature*; manner of deaths; condition of heart, lungs and kidneys; general condition, age, temperament, employment, etc., etc., etc. If any autopsy was held, please state the condition there found.

8. Have you seen any peculiar manifestations from chloral—as tetanus, convulsions, or delirium?
9. Do you know of any cases of the chloral habit? If so, please state the amount used, the disease for which the drug was originally administered, the person's temperament, and the present condition of the patient, with reference to the condition of mind and body in general, and the various organs and systems in particular?

Physicians are earnestly requested to answer the above questions fully, especially 7 and 9, in order that the resulting statistics may be as valuable as possible.

All communications will be considered strictly confidential, the writer's name not being used when a request to that effect is made. Address all letters to Dr. H. H. KANE, 191 West 10th Street, New York City.

THE Medical Schools of Louisville have determined to raise the fees, commencing with term 1880-81, to \$75 for Professors' Tickets, Matriculation, Demonstrators and Graduating tickets remaining the same. We note this evidence of the upward progress of medical education with pleasure, and hope other schools that have not already done so, may not be slow to follow such worthy examples.

WE recently had the pleasure of a visit from Dr. L. P. Yandell, one of the accomplished editors of the *Louisville Medical News*. We regret that his health is so impaired as to compel him to leave home, and sincerely hope that he may soon return entirely restored and rejuvenated.

DR. J. MARION SIMS, reports in a recent number of the *Medical Record*, a case of death from administration of the anæsthetic bromide of ethyl. This report will serve to materially check the numerous experiments now be made throughout the United States, with the new rival of chloroform and ether.

THE attention of our readers is directed to the advertisement of the Nashville Private Infirmary, and the new cut that appears with it. This institution is in a flourishing condition, and under the efficient management of Dr. M. Baxter, will continue to deserve the liberal patronage it has received in the past.

WE are indebted to Dr. A. Morrison, the obliging Recording Secretary, of the State Medical Society, for the loan of Knoxville papers.

OBITUARY.

The members of the class of 79 and 80, will regret to learn of the death of Dr. William H. Martin, a graduate of the late class. His fellow students will remember him as a perfect gentleman, and a good student.

Jefferson, Tenn., April 8, 1880.

Dr. C. S. Briggs, Nashville, Tenn.,

Dear Sir:—It is my painful duty to call your attention to the death of Dr. William H. Martin, member and graduate of the late class of your school.

His disease was typhoid fever, he died at his fathers residence, near Jefferson, Rutherford county, on Sunday, April 4, 1880.

He was born June 3, 1854, age 25 years, 10 months and 1 day.

I send you the dates at his fathers request, that you may make some notice of it in your Journal, for the benefit of the class.

Very truly,

R. B. HAINS, M. D.

BOOK NOTICES.

A SYSTEM OF MEDICINE. Edited by J RUSSELL REYNOLDS M. D. F. R. S., Fellow of the Royal College of Physicians London; Fellow of the Imperial Leopold-Carolina Academy of Germany; Fellow of University College, Lond.; Professor of the Principles and Practice of Medicine in University College; Physician to University College Hospital; Examiner in Medicine to the University of London. With Numerous Additions and Illustrations, by HENRY HARTSHORNE, A. M. M. D., Fellow of the College of Physicians of Philadelphia; Formerly Professor of Practice of Medicine in Medical Department of Pennsylvania College, and Physician to the Episcopal Hospital of Philadelphia; Lately Professor of Hygiene and Diseases of Children in the Women's Medical College of Pennsylvania; etc. In three volumes. Vol. I. General Diseases and Diseases of the Nervous System. Philadelphia: Henry C. Lea. 1879.

What Ziemssen's Encyclopedia of the Practice of Medicine is to the German medical literature, Reynold's System of Medicine is to the English. It is a fair exponent of English ideas and English practice. It occupies the same position to general medicine as does Holmes' System of Surgery to general surgery. To say that it is the best and most comprehensive work extant in our language, would be but to echo the sentiments of the entire profession. Each subject is treated of by gentlemen who have spent most of their lives in their own line of observation and investigation, and whose names are a sufficient guarantee of the high character of their writings. Under the efficient supervision of the distinguished American physician, Dr. Henry Hartshorne every article has been brought up even with recent advances, and such additions made generally, as serve to render the work most useful to the American physician. In order to place it within the reach of all, the original five volumes have been, in this edition, compressed into three, by means of smaller type and double columns. We have no hesitation in saying that a

library, without this System, is incomplete, and that the physician who fails to possess it neglects his own interest and that of his patients. Vol. I treating of "General Diseases and Diseases of the Nervous System," and Vol. II of "Diseases of the Respiratory and Circulatory Systems" have already been issued. Mr. John B. Lillard, of this city, is agent for the work, and any order will be promptly attended to by him.

THE HYPODERMIC INJECTION OF MORPHIA. Its History, Advantages and Dangers. (Based on the experience of 360 physicians.) By H. H. KANE, M. D., New York. New York: Chas. L. Bermingham & Co., Medical Publishers. 1880.

The author starts out in his preface by saying that "a physician of the present day, without a hypodermic syringe in his pocket or near at hand, would be looked upon as would have been a physician fifty years ago did he not own and use a lancet." Since its introduction to the profession as a convenient means of using medicines when the stomach is rebellious, or where immediate effects are desired, the hypodermic syringe has come into universal use. Indeed, it often-times offers such an easy way out of difficulty, that it is too frequently resorted to to allay pain. We have of late seen it asserted that it is now abused to such an extent that the victims to the morphia habit have increased many fold. We hope that this little work may serve to correct many of the evils arising from the use of the hypodermic syringe, and teach the profession to use it carefully, rationally and only when the case demands it. To still further assist the author in subsequent editions, the following questions are propounded: 1. In how many cases of delirium-tremens, in what doses and with what result have you used morphia hypodermically? 2. Have you used the drug in this manner in acute inflammatory affections of the respiratory organs, and with what result? 3. Have you used it in acute or chronic renal disease, and with what result? 4. Do you know of any deaths due to the subcutaneous injection of morphia? If an autopsy was held, please state the result. 5. Have you had any

serious case of narcotism from the use of morphia in this manner? If so, please state the condition of the pupils, number of the respirations and pulsations, the amount of morphia used, whether there was any known organic disease, and whether there was any opium idiosyncrasy. 6. Have you had any case where the drug was thrown directly in the blood? What were the symptoms and what the treatment? 7. In what diseases have you used this method of administering morphia, and with what results? All communications will be considered strictly confidential, the reporter's name not being used when a request to that effect is made. Editors of medical journals, to whom the author is already so deeply indebted, are especially requested to give insertion to the above questions.

THE PRINCIPLES AND PRACTICE OF GYNÆCOLOGY. By THOMAS ADDIS EMMET, M. D., Surgeon to the Woman's Hospital of New York, etc. Second edition, thoroughly revised. With one hundred and thirty-three illustrations. Philadelphia: Henry C. Lea. 1880.

The fact that the second edition of this work appeared less than a year after the introduction of the first, is amply indicative of the wide-spread favor with which it has been received by the profession. The character of the work is too well known to require extended notice—suffice it to say that no recent work upon any subject, has attained such great popularity so rapidly. As a work of general reference upon the subject of Diseases of Women it is invaluable. As a text-book however, it is lacking in many particulars. As a record of the largest clinical experience and observation it has no equal. No physician who pretends to keep up with the advances of this department of medicine, can afford to be without it.

PHOTOGRAPHIC ILLUSTRATIONS OF SKIN DISEASES. By GEORGE HENRY FOX A. M., M. D., Clinical Professor of Dermatology, Starling Medical College, Columbus, O.; Surgeon to the New York Dispensary, Department of Skin and Venereal Diseases; Fellow of the American Academy of Medicine; Member of the New York Dermatological Society, the American Dermatological Association, etc. Forty-eight colored plates taken from life. New York: E. B. Treat, No. 805 Broadway.

Parts 7, 8, 9, 10 of this valuable work has been received. Part

7 contains photographs of *Lupus Vulgaris*, *Lupus Erythematosus*, *Epithelioma Rodens* and *Epithelioma*. Part 8, *Tricophytosis Capitis*, *Tricophytosis Corporis*, *Lichen Planus*, *Lichen Ruber*. Part 9, *Kerion*, *Lepa Maculosa*, *Mollusca*, *Molluscum* and *Erethema Multiformæ*. Part 10, *Phthei-riasis Capitis*, *Phthei-riasis Corporis*, *Scabies* and *Porrigio e Pediculis*. These illustrations of skin diseases are well executed, true to nature in outline and color, and a fair substitute for clinical study.

COMMON MIND-TROUBLES, and the Secret of a Clear Head. By J. MORTIMER-GRANVILLE, M. D., M. R. C. S., etc. Edited, with additions, by an American Physician. Philadelphia: D. G. Brinton. 1880.

This little work aims to place before the general reading public, in a clear and succinct style, the best means of taking care of the mind. The titles of the two papers of which the book is composed, "Common Mind-Troubles" and "The Secret of a Clear Mind," sufficiently indicate to the reader the character of the work. Two articles added by the American editor, on "Mental Languor and Listlessness" and on "Morbid Listlessness," considerably enhance its value. We have read portions of the work with the keenest interest, and feel assured in recommending it to every one as a useful and entertaining little volume.

SKIN DISEASES including their Definition, symptoms, Diagnosis, Prognosis, Morbid Anatomy, and Treatment. A Manual for Students and Practitioners. By MALCOLM MORRIS, Joint Lecturer on Dermatology at St. Mary's Hospital Medical School, and Formerly Clinical Assistant, Hospital for Diseases of the Skin, Stamford Street, Blackfriars. With Illustrations. Philadelphia: Henry C. Lea. 1880.

This little work upon Skin Diseases is intended, says the author, "to supplement, not to supplant, existing treatises" upon the subject, and this object has been ably carried out. It will prove of immense value to the student as a *vade mecum*, and to the general practitioner as a work of ready reference.

PAMPHLETS RECEIVED.

Catalogue of Medical, Dental, and Scientific Books, published by Lindsay & Blackston, including many of the works issued by J. and A. Churchill, of London.

Ovariectomy. Patient, 67½ years—Weight of Tumor, 60 pounds—Extensive Adhesions—Recovery, by W. F. McNutt, M. D., L R. C. P., Ed., etc., etc, Professor of Principles and Practice of Medicine, Medical Department, University of California. Printed from the *Western Lancet*, January, 1880.

Desiccated Blood for Rectal Alimentation and other literature on the subject of Alimentation Per Rectum. Copied from "*The Medical Record*," and from papers read before the New York Academy of Medicine, Therapeutical Society and Gynecological Society. Presented to the Medical Profession by Parke, Davis & Co., Manufacturing Chemists, Detroit, Michigan.

Partial Forward Dislocation of the Head of the Humerus, or Backward Displacement of the Tendon of the Long Head of the Biceps Flexor Cubiti—Replaced After the Lapse of one Month. By David Prince, M. D., of Jacksonville, Ill. Reprinted from the *St Louis Med. and Surg. Journal*, November, 1879.

Therapeutic Action of Mercury. Inaugural Thesis read before the Chicago Biological Society, February 4, 1880. By S. V. Clevenger, M. D., Chicago, Ill., U. S. A. Reprinted from *Chicago Medical Gazette*, February 20, 1880. Chicago: Knight & Leonard, Printers, 1780.

On the Nomenclature and Classification of Diseases of the Skin, with Remarks Upon that Recently Adopted by the American Dermatological Association. By L. Duncan Bulkley, A.M., M.D., Physician to the Skin Department, Demilt Dispensary, New York; Attending Physician for Skin and Venereal Diseases at the Out-Patient Department of the New York Hospital, etc. Reprinted from *Archives of Dermatology*, April, 1879.

Toxæmic Diseases and their Treatment. By W. R. Sevier, M. D., Jonesboro, Tenn. Reprinted from the New Orleans *Medical and Surgical Journal*. March Number.

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NASHVILLE

JOURNAL OF MEDICINE AND SURGERY.

SECOND SERIES.

Vol. XXV. NASHVILLE, TENN., JUNE, 1880. No. 6.

Original Communications.

VERATRUM VIRIDE IN PNEUMONIA.

BY B. FRANK HUMPHREYS, M. D., HAWKINS, TEXAS.

In the NASHVILLE JOURNAL OF MEDICINE AND SURGERY for February, appears a paper under the above caption, by Dr. John P. McFarland, of Nashville. The article is worthy of our most earnest and careful consideration ; for if the writer's position is correct, viz: "that the use of veratrum viride in the treatment of pneumonia is hurtful," then very many intelligent practitioners are laboring under a great mistake, and pursuing a line of treatment that results in evil instead of good. On the other hand, if the doctor's theory is incorrect and untenable, he and all others who discard the use of veratrum in the treatment of pneumonia, withhold from their patients a valuable remedy, in consequence of which their treatment may sometimes prove a failure. As this is a matter of vital importance, a correct understanding of it is what we all desire.

It appears to me that Dr. McFarland has taken an erroneous view of the subject, whatever may be his culture, age or experience. He might as well discard many of the most valuable remedies of the *materia medica*, if he *will* persist in giving a drug until it produces "faintness, dimness of sight, dilatation of the pupils, vertigo, headache, impaired muscular action, pale, cold skin, covered with clammy sweat, vomiting, coma and a small infrequent and generally feeble pulse, etc." Now, it is plain the doctor has given us the *poisonous* instead of the *curative* effects of the drug. We might as well array the toxical symptoms produced by many other officinal drugs, and from such a frightful view of the subject, abandon them also.

Drug action is two-fold—the one is curative, the other poisonous. If given to produce the symptoms just quoted from the doctor's paper, *it is a poison*; if given in smaller doses, so as to improve or remove the morbid manifestations, *it is a remedy*. This will certainly be admitted by all. Nor will the "unsatisfactory and conflicting reports of its strongest friends," referred to, negative this position. It is not my purpose to reconcile these differences, as I do not consider that any argument against the use of this drug in pneumonia, for there are so many thousand of successful practitioners that do agree in its judicious use in this disease that it is with them, at any rate, a remedy in pneumonia.

Dr. McFarland says: "The use of this drug is hurtful in the treatment of pneumonia, because, first, it interferes with that balance which nature tries to maintain." Suppose nature fails, as she often does, in her efforts to maintain the equilibrium referred to, how is it possible for this remedy to interfere with nature's efforts when judiciously administered, it certainly equalizes the circulation and thus kindly aids nature to maintain "that balance." From this controlling influence upon the heart, he claims that "this powerful muscle is, to an extent, paralyzed." This presumption in reference to the *modus operandi* of the drug needs only a passing notice, as it is a mere *ipse dixit*, it is sub-

jected to the "Scotch verdict, not proven." What we want to know is, can we safely and surely control the heart's action in pneumonia with this agent? Clinical experience of intelligent and careful observers in so many thousands of cases resulting in speedy recovery, is, certainly, proof sufficient. This is the crucible in which the virtue of a remedy must be tried, and it outweighs all speculative theories.

A new-fledged professor, in a new-fledged medical college, lecturing to his class, on this subject, exclaimed: "We don't want to control the heart's action in pneumonia, gentlemen. It is physiologically necessary for the heart's action to be accelerated in this disease, in order to decarbonize and oxygenate the blood. To illustrate: If you have a heap of coal to remove, you would find it easier and more convenient [?] to use a bushel basket instead of one twice that size, though you would walk over twice the space you would, if you used the two-bushel basket." And thus he taught their young ideas how to shoot; but if they perceived in the illustration given, any bearing upon the subject, those juveniles had more intellect than is common for school boys to have. I have wondered, if the professor himself has ever found out what he really does want in pneumonia.

I have a medical friend who told me that when he was a student many years ago, while walking through the wards of the hospital with the students and professors, he saw a man with pneumonia. To this man they gave six drops of water (and nothing else in the way of medicine), the disguised water being given at stated intervals, together with nourishing diet, etc. He was always glad to see his doctors, brightened up and took his placebo eagerly. (Poor deluded man.) I suppose those doctors, like some others, didn't want "to interfere with the balance which nature tries to maintain." However, be this as it may, after a few days there was a funeral. * * * Perhaps the man might have recovered if he had had veratrum, quinine, brandy, and such other remedies as were certainly indicated.

The second objection, raised against the use of this drug in pneu-

monia, is much like the first, viz: "Because it, to a great extent, destroys the power of the circulation, etc." The author of this broad declaration of American independence has not produced the shadow of proof, either theoretical or clinical, to sustain the hypothesis. If *regulating* the mainspring of a watch by equalizing its power, means anything, it does not mean *destroying* that power, but simply *controlling* it without injury or violence. Nor does controlling the perverted action of the heart, mean destroying its power, or paralysis, or anything of the kind. The pleasant effects following the judicious use of the drug, is proof of its harmless remedial powers.

While writing upon this subject, the silent monotony is broken by the sudden appearance at the depot, of a superb locomotive that sweeps along the Texas & Pacific railway. It is a mail and express train. It pants and breathes as though it were conscious of the power imprisoned within its brazen chest. The bearings of the wheels smoke as though they would blaze. "Why is this?" I ask the engineer. "Behind time—running faster than usual," he replies. I get into the cab with him as the panting engine moves off like some freed bird skimming over the blue waves. Faster and faster it floats along, until my head grows dizzy. "How much faster can you go?" I ask. "Not much" he answers, "nor can this speed be maintained long—it would soon be in a blaze through the friction produced by this unusual speed, which I regulate just in this way," he continues, as he places his hand upon a lever, gently pressing upon it, and the motion is retarded. "Then you have not destroyed its power?" I remark. "No, no, certainly not; I have only controlled and regulated the power," he replies. What a beautiful idea, I thought. The speed and friction would soon destroy the engine. By controlling and regulating the power, the integrity of the whole machine is preserved.

In pneumonia and all other inflammatory affections, *rest*, as much as possible, is an important requisite. The man who labors hard all day needs *rest*—must have it, or he cannot long labor or

live. Is it not equally important that the heart, lungs, etc., upon which such an extra and heavy burden is imposed in an attack of pneumonia, should have rest? Will not the accelerated motion of the heart (and not veratrum) produce *œdema of the lungs** on the one hand, or *collateral fluxion*† on the other? And, as effect follows cause, will not the respiration be quickened, the circulation oppressed, and, finally, will there not be hepatization, or parenchymatous inflammation? Why not? As we control these abnormal condition we get a better and more natural circulation, respiration, etc., thereby placing our patient in a more favorable condition, giving him a better chance of recovery. The third argument is: "It impairs the power of the muscular system, and therefore the muscular power of the air-cells and minor bronchi are crippled, and the lung loses its power and elasticity, and thus we have an accumulation of sputa within them, which by its very weight and the irritation of its presence further increases the inflamed spot and impedes the free entrance of air, then so much needed." And thus he proceeds over nearly a page, giving us the uninterrupted pathological changes that occur in a typical case of pneumonia, vividly portraying *the effects of the disease*, which he places on the debit side of his ledger, charged in the account current to veratrum viride.

I do not perceive the relevancy of the assertion by Dr. Sholl, that "veratrum viride will not do in any disease of the negro, except puerperal diseases." Why not? "Because," he says, "post-mortem examinations definitely prove the lung of the negro to have but two thirds of the capacity of the lung of the white man of the same weight and height." Suppose the lung capacity of the negro is one-third less than that of the white man, would not one-third less of the drug remove the objection—or does he suppose the negro has an *idiosyncrasy* contra-indicating its use? I am quite sure, however, that this race does tolerate the remedy, as it has been administered to them time and again,

*Jurgensen, in Ziemssen's Cyclopædia, Vol. V, Page —.

†Niemeyer's Practice of Medicine, Vol. —, Page —.

not only in pneumonia, but in other febrile and inflammatory affections, with the desired results. According to this method of reasoning it would be extremely hazardous to give veratrum to young children, especially where there is any engorgement in the pulmonary organs. But clinical experience proves it to be a safe remedy for children also, if our diagnosis is correct and the indications for its use positive.*

"It is hurtful," the doctor continues, "because it weakens the *vis-a-tergo*, and thereby to maintain a free circulation through the inflamed part and its neighborhood is rendered more difficult and prompt resolution is an almost impossible result, but the hurt to be expected is hepatization or parenchymatous inflammation." If "it is undoubted good practice in this inflammation, as in any other, to maintain an equable flow of blood to the part," as the doctor affirms, I cannot understand how veratrum weakens the *vis-a-tergo*, or retards resolution, or increases the danger of hepatization, or parenchymatous inflammation, as this remedy certainly meets the indications so clearly stated by the doctor himself. What other remedy for the purpose has such a favorable record? From what appears a little further on, the doctor tells us, if he could find nothing better than veratrum viride in the treatment of pneumonia, he would fall back upon his old *stand-by*—the *lancet*. I do not propose to draw a contrast between these two agents, as to which is the better remedy in pneumonia, but I leave the decision to the progressive, liberal, cautious and experienced physicians throughout the length and breadth of the American continent, and I promise to abide by their choice between the two remedies.

I do not think the doctor's "hypothetical case" proves anything, for we are not informed to what extent, or in what manner the drug was used, or what other means, if any, were adopted. The "strongest friends" of the remedy do not claim it as a specific for pneumonia or any other disease as a totality; but they do claim it as a *specific for certain well-defined pathological con-*

*NASHVILLE JOURNAL OF MEDICINE AND SURGERY, April, 1878, Page, 156.

ditions, upon the removal of which they discontinue its use. Further on, Dr. McFarland says: "It might possibly be used to some advantage in the very earliest flux of blood to a part that was to be influenced, if we could see a case so early, *or, if seeing it we could definitely conclude it was going to be a pneumonia, etc.*" (Italics mine.) Evidently the doctor's treatment depends upon the name to be given to the disease, instead of meeting and combatting *the pathological changes* as they arise, regardless of names. The hypothetical case, being merely a representation of the natural course of the disease, excepting some amelioration perhaps through the use of the veratrum, "runs its course in spite of the drug, and the inflammation subsides by its self-limitation." Would it not be well then to discard the use of medicines altogether in pneumonia, as the disease is so pertinacious as to run its course in spite of remedies, and subside by its self-limitation? Why not?

With regard to the use of veratrum viride in pneumonia attended with a typical condition of the system, Dr. McFarland says: "I consider it the most damaging of any, if such a thing is possible. The only reason, in my opinion, that any of this class of cases escape death under this treatment is, that luckily there is in them, generally, but a small part of the lung involved." In this class of cases, the remedy (veratrum) may or may not be admissible. That depends upon *the condition of the patient*, and not upon the often arbitrary term *typhoid*. As a general rule it is not required, but it is not probable that a condition in typhoid cases might arise in which it might prove beneficial, if used in small doses frequently repeated. And here let me say to those who may or may not have a prejudice against this remedy—*beware of large doses*. It is the *heroic dosing*, persisted in until the system becomes prostrated, that has given the remedy a bad name among its enemies. It should be given in small doses frequently repeated. Be patient, and do not expect to accomplish too much in a very short time. Invoke its curative powers instead of its toxic effects; and, in order to do this, I again say *beware of large doses*.

In order to obtain the desired effects of the remedy, it is necessary to give it in definite, uniform doses. It will not do to begin with a certain dose and increase it a few drops each succeeding dose, as directed by Dr. Norwood, for we might reach a point that a single dose would produce prostration. Neither is it good practice to put a teaspoonful of the tincture into a tumbler and pour in water *ad libitum*, as we do not know then how much is given at a dose; and, moreover, the active principles of the drug are precipitated by the water and given in the last portion, on account of neglect, very often, to stir the mixture before giving a dose.

A good plan is to put from 16 to 18 drops of Norwood's tincture into a two-ounce vial, add one drachm co. spts. lavender and two drachms spts. nit. ether or glycerine, then fill with water, directing the vial to be well shaken before giving a dose, which is one teaspoonful, to be repeated as often as may seem necessary. When there is a sthenic type of fever, with a quick, full, strong, bounding pulse, the dose may be repeated every hour until there is a marked decline of the fever, then less frequently, say at an interval of two or three hours, or longer. Some cases will not bear more than one drop, or even less, of Norwood's tincture; but, generally, most of the cases will tolerate, and therefore do better on three-drop doses, repeated according to the urgency of the case, and the degree of tolerance. Whatever method of exhibiting the remedy may be adopted, the quantity given should not produce the toxic effects previously enumerated.

In conclusion, I would remark that it is with very kind feelings towards Dr. McFarland that I have attempted to give his ingenious and well-written paper a fair and honest review, hoping the subject will receive from the profession that study and consideration it certainly deserves. In a future article I propose to offer what I conceive to be the rational treatment of pneumonia.

CASE OF STRYCHNIA POISONING.

RY W. H. PARK, M. D., TYLER, TEXAS.

December 26, 1879, I was summoned to the bedside of Mr. —, who had taken a large dose of strychnia, and was having violent convulsions. The physicians in attendance—Dr. — and Dr. —, requested that I should come and bring the stomach-pump. On learning that about three hours had elapsed since the patient had taken the poison, I concluded that the stomach-pump would be of no advantage, and that there was little need for my going, as the case was perfectly hopeless. However, out of courtesy to the physicians, I decided to visit the patient. On my arrival, found the physicians had left for a short time, and the patient had a hard convulsion soon after I entered. A second convulsion occurring in a short time, and the physicians not returning, I was prevailed upon by friends to do something for the patient's relief. I gave him a teaspoonful of chloroform in *sweetened water*, and permitted him to *drink cold water afterward*. He soon became quiet, and the physicians returning soon after, I explained to them what I had done, with which they expressed perfect satisfaction. The physician first called, on my asking what plan of treatment they were using, informed me that they were giving *nothing but melted hog's lard* on the principle that it was used successfully with dogs. They replied in the negative, when I asked whether they had tried chloroform, tannic acid, etc., remedies often successfully employ in strychnia poisoning. In consultation it was agreed to give

chloroform, tannic acid, and charcoal a thorough trial, all of which medicines I had with me. Objections being urged against giving the chloroform in water, I readily assented to administering it in melted hog's lard, as I thought it no place to argue the question. On re-entering the house we learned that the patient had had no more convulsions, and with the exception of slight occasional spasmodic action of the muscles, was perfectly quiet. I suggested chloroform by inhalation, together with a teaspoonful of that medicine every two hours, to which the attending physician *readily assented*. I gave the chloroform by inhalation when indicated, and was frequently relieved by the attending physician. The other physician took his departure, and at the suggestion of the attending physician a messenger was dispatched with him for ten ounces more of chloroform. *It seemed that neither of them had any.* By the time the new supply of chloroform had been brought the *two ounces I had with me was nearly exhausted*. I remained from 8 A. M. to 2 P. M., when I took my leave, promising to return as soon as possible, in order that the attending physician might go home. At about 3 P. M. I returned. The patient did not have a hard convulsion from the time I gave him the *first teaspoonful of chloroform in water* up to 2 o'clock, and if he had one in my absence I did not hear of it. The attending physician now went home and returned about sundown, during which time the patient did well, and I considered the prospects of recovery good, provided the chloroform was administered according to indications. I saw the patient no more after this, but learned that he had afterward but one hard convulsion, and that was late at night, after he had refused to take the chloroform. The main issue between the attending physicians and myself, is *water*. In his article, published in the NASHVILLE JOURNAL OF MEDICINE AND SURGERY, of March, 1880, he says: Although thirst was very intense, *no water was allowed, as it was feared that it would dissolve the strychnia*, and thus hasten its absorption. I gave the poor fellow the only water he got—*nearly or quite four hours after the strychnia was taken and after there had been*

free emesis. His closing remarks are these: *Water should be withheld from patients of this class until the poison spends its force, or, in other words, until convulsions entirely cease; using rich sweetmilk and cream or melted lard as a substitute.* In another place he says he gave no water or anything else that would dissolve the strychnia, but gave melted hog's lard to *shield the internal coat* of the stomach. The attending physician explained his preference for hog's lard, on the ground that when freely administered to dogs poisoned with strychnia, and water not used, fatal toxæmia may be averted.

I simply ask the questions, 1st. Does hog's lard shield the mucous coat of the stomach from the action of strychnia, especially after tetanic spasms have set in? 2nd. Is lard a substitute for water in the human system? I answer no to both questions.

Had this case been under my control, *I should have given every dose of chloroform in water and permitted a moderate quantity of water as a drink when demanded by the patient*, but as the case was in charge of the gentleman referred to, I respectfully submitted to giving it in the lard.

I have written this article in order to justify myself before the profession and the people of the community in which I live. The gentleman so pointedly ignored me in his article, and in circulating the JOURNAL containing it, so frequently referred to my giving the chloroform in water in condemnatory terms endeavoring to impress the minds of all that it was *ignorance on my part* that I am urged thus to endeavor to explain.

To the issue. Does water dissolve strychnine in the stomach, when given in reasonable quantities, and does it increase its poisonous effects, especially after convulsions have begun? I assert that it does not. I may be mistaken, but no such impression was made on my mind at the Charleston Medical College, during the course of 1855-56; nor at the University of New York, where I had the honor of graduating March, 1857; nor at Bellevue Hospital College, where I took the ad eundem degree in the spring of 1872; nor does any writer on the subject intimate that

it will not do to give water in strychnine poisoning at any time from its introduction into the stomach to the termination of the case. It does seem to me, that if the administration of water was so *fearfully dangerous*, as the attending physician in the case given asserts, our authorities would give some word of caution on the subject. They invariably caution us, when to caution is important; yet they are *all silent*. There is no prohibition in regard to water in strychnia poisoning, even when the subject may have been poisoned with either of the soluble salts, such as *sulphate of strychnia*, which is freely soluble in water. The powdered strychnine was taken in this case. In proof of my position I respectfully refer to the following authorities, and then leave the question for the profession to decide which is right on the water subject. If I am wrong, I shall gracefully yield the palm to the gentleman, and feel that I have been benefitted by his attack, and I presume the gentleman will do the same, should our medical friends and brethren decide adversely to him.

Authorities—Turner's Chemistry, published in the year 1828, ten year after the discovery of strychnia by *Pelletier*, says on page 370, Strychnine is almost insoluble in water, requiring 6,000 parts of cold and 2,500 parts of boiling water. As to its action as a poison, he says, Its energy is so great that half a grain blown into the throat of a rabbit caused its death in the course of five minutes. He does *not* state that he had to *give a drink of water to dissolve it*, but that he blew the dry strychnine into the rabbit's throat.

Costille's Treatise on Poisons, page 134, published in 1848, states: . In from five to twenty minutes after taking the poison, the patient is suddenly seized with tetanic convulsions; the intellect remaining clear, etc.

The attending physician, on the case in point, states that he arrived at sunrise, which was at least one and a fourth hours after the poison had been taken, and that the patient had spasms before the messenger started for him. All of our authorities *aver that strychnine takes effect in from five to ten minutes*. What

could he expect from lard one hour after the poison was taken? He says in one place that he gave it to shield the internal coat of the stomach, hoping that the greater part of the strychnine remaining in the stomach might become incorporated with the lard.

In Taylor's Medical Jurisprudence, we have this language, in speaking of the post mortem appearances: A quantity of the powder was found in the stomach, to the mucous membrane of which it (the strychnine powder) *adheres very* tenaciously. It seems that this case died from strychnine poisoning. A post mortem was made, and a quantity found in the stomach adhering tenaciously to the mucous coat. There could have been no possible benefit from the lard, as the man had taken an overdose of strychnine. An hour or more before the attending *doctor arrived* the convulsions demonstrate the fact that enough had gotten into the circulation to produce death unless counteracted. This patient had taken a half teaspoonful, at least 20 or more grains; from one fourth of a grain to 2 or 3 grains is sufficient to produce death. If strychnia adheres to the mucous coat of the stomach, lard would (if it had any effect whatever) act as a coat of plastering, and promote the absorption of the strychnia. Costille states on page 136, that there is burning thirst, pain in the stomach, etc., but does not prohibit water; that is, he says nothing about water. If there is burning thirst, and water harmful, or calculated to dissolve the poison and promote its absorption to a dangerous extent, would not Costille have protested against water? I surely think he would.

Page 222, Taylor's Jurisprudence, we find, that strychnine is almost insoluble in water, requiring 7,009 parts of cold water to dissolve one part. *There is no caution here about water.* In Carson's Synopsis of Materia Medica, published in 1867, page 176, *no caution is given.* Ballard & Garrod's Materia Medica, page 331: Strychnine require 6,500 parts of cold and 2,500 of boiling water to dissolve it. Draper's Chemistry says it takes 7,000 parts of water to dissolve one of strychnine. On pages 546 and

547 of Pereira's *Materia Medica and Therapeutics*, we find these words: Though strychnia is so intensely bitter, it is almost insoluble in water. One part of strychnine requiring 6,667 parts of water, at 50° to dissolve it; that is, one grain needs nearly 14 ounces of water to dissolve it, and 2,500 parts of boiling water. Frost, in his outlines, *does not interdict the use of water.* The United States Dispensatory of 1871, page 1415: Strychnia soluble in 6,667 parts of water at 50°, and about 2,000 parts of boiling water. Stille & Maisch's National Dispensatory for 1879, page 1325: Strychnia is soluble in 6,700 parts of cold and 2,500 parts of boiling water. In the *Cyclopædia of Practical Medicine*, Vol. IV., page 454, we find these words: This is one of the most energetic of poisons, acting in extremely small doses, and with equal certainty, no matter what be the manner of its application, and that is probable that half a grain given internally would prove fatal. Christison on poisons says, I have killed a dog in two minutes with the 6th of a grain, injected in form of alcoholic solution. Pelletier says, half a grain blown into the mouth of a dog produced death in five minutes.

I have given all the authorities that I have in my library, commencing with Turner's *Chemistry*, which was published only ten years after the discovery of strychnia; also, authorities of different dates, including one published last year. I flatter myself that I have established the fact that strychnine is scarcely soluble in cold water; *if this be true, why not give it to the tortured patient?* I have also proven that strychnia acts very rapidly when taken in poisonous doses, and that grease of no kind can do any possible good after convulsions have commenced. Those dogs and rabbits that died in from two to five minutes, after the half grain of strychnine was blown into their mouths or throats, did not get one drop of water. When physiologists or toxicologists experiment on dogs and rabbits, they watch every movement of the animal, together with every symptom produced by the poison and, if in their experiments with strychnine they had found that water hastened their death, or had any effect what-

ever, that was calculated to prove hurtful to human beings, they would most assuredly have mentioned the fact. When a dog is given strychnia, it almost immediately produces a *burning thirst*, he goes for water naturally, and 99 out of every 100 gets water from five to twenty minutes after getting the poison, just about the time the poison is taking effect upon the nerve centres.

I have given an unvarnished history of this case of poisoning, the treatment suggested by myself, and have endeavored to give a practical simple argument on the water question, and some reasons for the faith that is in me on this subject, *but, above all, have given a number of high authorities who fully sustain the position assumed.*

A PECULIAR FORM OF HYSTERIA.

BY J. W. RUSSEY, M. D., RISING FAWN, GA.

There is one form of hysteria which came under my observation in the early part of the year 1879, which may prove of interest. It illustrates well the relation between feigned disease and dominant ideas. I was called to see a young woman 20 years of age, healthy, well developed and of fine constitution.

The messenger reported that she was having "fits." I saw her at 1 o'clock A. M. She was lying on a lounge, resting easily, breathing quietly. Pulse slightly accelerated, skin cool, tongue slightly furred. Complained of pain in the side, aching in the limbs, fugitive pains in the head. I learned that she was not feeling well the day previous, but had attached no importance to it and sat up all night with a child troubled with spasmodic croup. The morning of the day on which I was called, she laid down, but slept none, was rather disposed to insomnia. This lasted all day, and she had eaten nothing since the night previous.

At 9 A. M. on the 18th of February, she had the first seizure. Two others followed rapidly. Consciousness was perfect, and at the close of each spasm she became quiet, dozing in the intervals.

Soon after my arrival a paroxysm came on. The muscles of deglutition became affected with clonic spasm, and continued so for periods varying from 5 to 10 minutes. The respiratory muscles participated. The respiration was retarded. The inspirations were reduced to 1 or 3 per minute, prolonged and resonant, like that of whooping cough, but much exaggerated. The

expirations were of a mixed character, sometimes a succession of short 'hacks' or like the bark of a puppy.

A minute examination of the throat revealed nothing. I gave her

R_x Pulv. ipecac.....grs. j
Morph. sul.....grs. $\frac{1}{4}$

M. Divide into 4 doses, one every two hours.

Soon after taking the second dose she was seized again, and after waiting a few moments a second seizure seemed imminent. I then gave her 3 ss. of ipecac, which brought on vomiting. She ejected a clear fluid, devoid of taste or smell. She rested for 7 hours. At 11 A. M. on the 19th, she had another paroxysm, when I ordered warm baths, which controlled all further action. I then ordered

R_x Calomel.
Jalap.....āā v grs.
Podophylin..... $\frac{1}{4}$ grs.

M. Take at bed time. This cleared the bowels well.

Two days later she was resting well, having had no further trouble.

She had been regular with her catamenia till the one which came on a week previous to this attack, at which the flow had been very scanty.

GLYCEROLE OF IODOFORM—A CONVENIENT MODE OF USING IT.

BY Q. C. SMITH, AUSTIN, TEXAS.

Prepare the glycerole of iodoform by dissolving one ounce of iodoform in one pound of pure glycerine. Fill a pint, wide-mouthed bottle two-thirds full of absorbent cotton, the cotton being rolled in pellets about the size of a man's thumb, and moderately pressed down. Fill up the bottle with the glycerole, and as the cotton absorbs it, replenish until the cotton is covered. The cotton is now ready for use, and can be taken out in pellets as it was placed in the bottle. The powerful derivative, anodyne, deodorizing, and alterative properties of this preparation, make it a very suitable application as a vaginal tampon for chronic inflammation of the cervix and its resultant sequelæ, granular erosion of the cervix, gonorrhœal ulceration and vaginal chancreoids. This glycerole is a very efficient remedy for chronic endometritis, and is easily applied with a cotton-armed applicator. The vagina can be best tamponed in the knee-chest position, and if the parts are sensitive the patient should remain in the horizontal position, and if the tampon does not produce pain, it may be allowed to remain for forty-eight hours. The tampon should not extend down far enough to interfere with urination, unless when applied for chancreoids or other ulcers near the outlet. In some cases depletion is so rapid that a napkin must be worn. If the patient lives distant from the physician, candle-wicking, used in one piece, is the best material for vaginal tampons, as the patient can remove it entirely, if necessary. When a tampon is removed the parts should be bathed by injecting two or three gallons of water, hot as can be borne, and if the tampon has caused any soreness, it should not be renewed until the soreness is relieved, free hot-water injections being used three times daily.

Selected Articles.

**THE ACTION OF SALICIN AND SALICYLIC ACID IN
ACUTE RHEUMATISM.**

BY WILLIAM SQUIRE, M. D., F. R. C. P.

Abstract of paper read before the Harveian Society, Nov. 20, 1879.

The subject is divided into two parts: the first dealing with the therapeutics of acute rheumatism generally; the second specially with the effects of salicin and salicylic acid on the disease, and with the objections raised to its use.

The treatment of rheumatic fever with iron has certain advantages over that by alkalies, and many methods show better results than the expectant; none of them, before the use of salicylic acid, would markedly lower the fever and shorten its duration, or lessen the liability to heart disease, or diminish the anæmia of convalescence, with its tendency to relapse, nor will this means altogether prevent these risks. In all cases of acute rheumatism we find—(1) increased tissue-change; (2) checked elimination; (3) ready febrile reaction of a special character. To these three conditions treatment has always been directed, the success of the means employed being very much in proportion to the power exercised over the last. As the fever is intensified by the local accident to which it gives rise, direct applications to the joints are useful. Whatever relieves pain reduces fever, and local vascular tension has here to be relieved; only when this is very limited is colchicum or aconite of use. Bleeding and pur-

gatives fail to do good, as evacuants fail when carried beyond what tends to restore the balance of elimination. Any excess of fibrin in the blood is not to be prevented by such means. Hyperinosis is a direct consequence of the febrile state, and is diminished by whatever controls fever; fever is actually increased by some eliminative means, as by sweating under blankets; quinine, and even digitalis, have been used with advantage in the fever. Hyperpyrexia, sometimes met with, the cold bath is effective, and to this condition its use is restricted. In all plans of treatment complete rest is essential; liquid nourishment or milk diet is required, with free use of diluents.

Details of eight cases treated by iron, and of eight treated by the salicylates, were brought forward. Of the former series, one case, following mumps, began with pericarditis, and one had endocarditis after the puerperal state; of the latter series, one case, following measles, had no cardiac affection, and the others, after varicella, began with endocarditis. This is often the first sign of rheumatism in children; in their slighter febrile ailments the heart should always be examined. Rheumatism is readily induced where tissue-change has been rapid. It may occur so early in scarlet fever as to be considered part of the disease. After diphtheria, and whenever, in children, acute rheumatism has followed quickly on the specific fever, the iron treatment is specially useful. Nor need cardiac mischief preclude its use; it acts more as a sedative than as a tonic, and diminishes irritability, while it favorably modifies the inflammatory products; any increase of blood-pressure can be kept down by laxatives and perfect rest in bed, or further lowered by chloral at night. The great use of salicylic acid is, that by shortening the fever the risk of heart complication is lessened; and if the heart be already affected, no remedy can act better. It slows the pulse, lowers the blood-pressure and diminishes vascular tension; the fever is controlled better than by quinine; pain is relieved better than by sedatives; no secretion is checked; the natural crisis of the disease is hastened; the subsequent anæmia is less, and the con-

valescence quicker, than after treatment by iron. Kidney disease, chronic or acute, is an obstacle to the free employment of salicylic acid. Other conditions may arise where a choice has to be made between the use of iron and of the salicylates; one or the other must be adopted, they cannot both be used at once.

Salicylate of soda may be given to patients at all ages, and in all stages of the disease; not only is cardiac disturbance quieted, but the pulmonary congestion, meteorismus, diarrhoea and profuse perspiration of persistent rheumatic fever in debilitated persons, are relieved, and the pale urine, deficient in urea, in these prolonged cases, is soon restored to its normal quality. In acute rheumatism salicylate of soda is preferred to salicylic acid; it is readily soluble, is neither irritant nor disagreeable if well diluted, is more readily absorbed, and its effects are much more prompt, certain and manageable. Five grains of the salt equal four grains of the acid, a sufficient dose for a child of six or eight years old; adults require three or four times this quantity. It must be given every two or three hours till we have some evidence of its action; this is to be looked for after three or four doses. When six or eight have been given in this way they need only be continued every four or six hours for another day, and can be resumed in the same way if fresh pain or fever arise. Salicylic acid must be converted into salicylate of soda in the blood before its action on rheumatic fever begins; a definite quantity of the acid can be dissolved in presence of potash, lithia, or ammonia, and be so given with or without effervescence. Individual fancies in prescribing are unimportant so long as no other thing than the quantity of acid prescribed is considered as in any way influencing the result to be sought. Salicin and salicylic acid are spoken of together, for, as shown by Senator, of Berlin, in the columns of the *The Lancet*, salicin, when taken, is converted more or less completely into salicylic acid. It has to be given in larger doses, the therapeutic influence is less prompt and varies with the rapidity of conversion, but is always directly in proportion to the quantity of acid produced. Willow bark yielded

salicin to Leroux in 1830; from this in 1838 Piria first isolated salicylic acid. The acid was separated from oil of spiræa and of winter-green by Cahours in 1844; its medicinal properties were investigated in 1855 by Bertaguini, who produced in himself, by taking ninety grains of the acid in two days, the noise in the ears by which its full influence is best known. Salicylic acid made in the laboratory by Kolbe and Lantemann in 1860, was found to be identical with that formed by the plant; its relation to carbolie acid had been previously pointed out by Kolbe, but not until his great discovery in 1874, of how to obtain the one from the other, was it available for general use. Without the noxious properties of carbolie acid, it has greater power to arrest the action of both organized and unorganized ferments, itself undergoing no change; the vitality of the former is destroyed, while the activity of the latter is renewed on removing the acid. For this an infinitely small quantity of the acid suffices; 1 to 20,000 will preserve saccharine fluids from fermentation. The action of such ferments as amygdaline or the myrosine in mustard is as effectually checked by its presence as of diastase, the fibrin ferment, or the lactic acid fermentation. Such an action of salicylic acid in rheumatism is necessary to the full explanation of its influence in that disease; whenever the stage of acid perspiration is reached, then we have the most marked effect of the remedy most rapidly produced. The acid character of the perspiration is acquired only at the skin; the acid products of the change of the muscular tissue are formed within the muscle. Salicylic acid is liberated from its soda salt in the blood exactly where the fermentation peculiar to rheumatism can be stopped at its origin; this arrested, time is given for matters acting as the ferment to be eliminated. Herein consists the difference in the action of salicylic acid in rheumatism and in other fevers. In typhoid a full dose lowers the temperature as the cold bath does, but exerts no special action on the disease; a single dose before the febrile exacerbations is here as effective and more safe than smaller repeated doses; in rheumatism repeated doses are most

useful. The intimate action of salicylic acid as an anti-ferment is serviceable in both acute and chronic rheumatism.

Among the secondary or indirect effects of the salicylates useful in rheumatism is that of increasing the excretion of urea and favoring the elimination of uric acid. M. Germain See noticed this in chronic rheumatism; and more recently M. Marrot has shown that in the acute attack this increased excretion appears before the joint swelling subsides, and continues after the fever has fallen; so that not merely a removal of febrile waste but a true crisis is induced, similar to what may always be observed before the termination of rheumatic fever. Another good effect is the relief of pain, either by soothing the peripheral nerves or relaxing the small vessels by acting on the vaso-motor centres. The lowered temperature is from its effect on the nerve centres; so is the tinnitus aurium. It slows the pulse and respiration for it is a pneumogastric sedative, and tones the heart, while it lessens vascular resistance. Contrary to what is seen in other fevers, instead of the dilated vessels allowing a greater production and a greater discharge of heat, the local liberation of salicylic acid checks molecular change, and the production of heat is diminished. Further evidence of this was given in proof of the greater rapidity with which salicylic acid is disengaged and eliminated during an attack than after it is over; hence, during fever a larger quantity of the drug may be well borne, but its action is also more rapid, and requires to be carefully watched.

Many objections to the use of this remedy have disappeared since the dose has been more accurately determined. Less than half a drachm of the acid, or forty grains of salicylate of soda, taken daily by a healthy man, will not produce any marked effects, but fifty grains of the acid or a drachm of its soda salt, taken continuously for two days, will do so; the effects of one drachm of the acid taken at a single dose will also be felt for two days. Sixty grains given to a boy six years old in typhoid fever caused great depression for two days. A drachm of salicylate of soda given one afternoon to a young woman with rheumatic

fever caused delirium, which subsided in three hours. A characteristic of nervous symptoms produced by the salicylates is that they subside quickly on discontinuing the medicine, even when during some days such quantities as 360 or 600 grains have been taken, and have produced delirium and albuminuria. Extreme effects produced by 340 grains, given in six hours, by mistake, to a girl at Kiel, were recovered from in ten days. Some large doses of salicin and salicylic acid, said to be harmless, were probably not all absorbed. Fifteen grains of salicylic acid is the smallest dose reported as producing nervous symptoms. Delirium occurred in two of my cases, and some deafness in one, before giving the salicylates. Symptoms of disease, such as of cerebral rheumatism and of embolism, have been attributed unjustly to salicylic acid. The continuance of extreme doses is of no service in rheumatism, and may be dangerous in typhoid or in erysipelas from pulmonary congestion being either marked or increased.

A too enthusiastic claim of efficacy has been a hindrance to the more general employment of this remedy in rheumatism; the disease is too serious to be spoken of as henceforth an affair of a few days only. Both pericarditis and endocarditis have been known to arise during this treatment. It will neither prevent nor control the danger of hyperpyrexia. That relapses are more frequent afterwards may be doubted; the *onus probandi* rests with those who make the objection. Under other treatment a patient continuously febrile for ten days has no relapse because there is no remission; the tendency to relapse after defervescence has, in all cases, to be guarded against; in this it is readily relieved, and the time in which it is likely sooner over. At the Cork meeting of the British Medical Association, the control of rheumatic fever by salicylic acid was again called in question. Two years before, Dr. Jacob, of Leeds, brought before the Association the results of more than 300 cases so treated, with 63 per cent. relieved in an average of less than three days, and discharged cured in twelve days. Only 3·5 had heart affection.

Dr. Brown, of Boston, U. S., and Dr. Cavafy, of St. George's, give even better results. Dr. Oliver Moore, in a very complete treatise on this subject, published in the New York *Medical Journal*, for August last, gives the following results: 316 cases treated by alkalies relieved in 17·2 days average, discharged cured in 22·6 days' average; 305 cases treated by salicylates relieved in an average of 2·9 days, discharged cured in 9·5 days' average.

Wherever a smaller series of cases is met with a similar result appears. My own eight cases show relief in less than two days, two of them in less than a day, but they were all kept under care for at least ten days. The average duration of the eight cases treated by iron was fourteen days, half of this febrile, but they required long after-care. Salicylic acid is most useful in the most acute cases of rheumatism, less so in the sub-acute and chronic; in its power to arrest the special febrile process, at whatever period of the disease it may be given, we have a therapeutic agent of the greatest value. Of the many diseases for which the salicylates have been recommended, excepting Me-niere's disease, those connected with rheumatism have been most benefited. Severe forms of neuralgia are noticed to alternate with febrile attacks; the vessels spasmodically closed during pain relax when the fever begins, and the pain yields; in such cases, and in one of rheumatic eczema with paroxysms of irritation, relief followed the use salicylate of soda. The secretion of bile is increased by its use: the acid can be detected in the perspiration, in the fluid from blisters, in the secretion of most mucous surfaces, and in the expectoration during its employment. The claims of salicylic acid as a prophylactic against some infective forms of disease are worthy of further investigation.—*Lancet*.

Extracts from Home and Foreign Journals.

S U R G I C A L.

BROMIDE OF POTASSIUM AS A LOCAL ANÆSTHETIC FOR THE
URINARY AND SEXUAL APPARATUS.

It has long been known that bromide of potash, locally applied, diminishes the sensibility of the throat and larynx. Dr. J. Kijanizyu (St. Petersburg *Med. Wochenschrift*, No. 51, 1879,) has also found this remedy useful for its local effects on the urinary and sexual apparatus. He injects a solution of the salt into the urethra, when the latter is the seat of painful, acute, or chronic inflammation, in strictures, and in cases of frequent pollutions. He presents cases showing the good results of the remedy.

In urethritis, the pain, redness and tumefaction of the mucous membrane decreased rapidly, the discharge diminished, and soon disappeared completely with the aid of mild astringents. In a case of stricture, with chronic urethritis and painful micturition, where the urethra was extremely sensitive, and the severe pain prevented the introduction of bougies, in spite of the use of cannabis indica and belladonna salve, a bougie was introduced with scarcely any pain, after the use of bromide of potassium injections for seven days.

Kijanizyu uses 8 grammes of bromide of potassium dissolved in 180 grammes of water. The injection of four grammes is to be made two or three times a day, and the fluid should be retained in the urethra several minutes. From his observations, he draws the conclusion that these injections are of undoubted use in all cases where the indication is to diminish sensibility in the urethra and neck of the bladder; likewise in the treatment of strictures with bougie, in inflammations of the urethra and their complications; in chordee, dysuria, neuroses, etc., and for

pollutions depending on peripheral causes. He also recommends the local use of the salt, as indicated in catarrh of the bladder, and of its neck, in increased sensibility of the latter, and for cystic calculi and the like. He considers the effect to be due to the diminished irritation and lessening of the quantity of blood in the inflamed tissue.—*Ugeskrift for Læger*, No. 5, 1880.—*The Medical Record*.

CASE OF CURE OF HYDROCELE BY THE SPONTANEOUS RUPTURE
OF THE SAC INTO THE SURROUNDING CELLULAR TISSUE.

T. H——, aged fifty-eight, a powerful man, in robust health, by occupation, a road-maker; suffered from a hydrocele of the left tunica vaginalis for seven years. The origin he attributes to a kick from a cow, which laid him up for a few days at the time of its occurrence. The treatment during that period had been palliative, the tumor being tapped more than a dozen times, and a large amount of fluid drawn off each time, giving temporary relief. After the last operation the sac refilled as usual, but became more distended, owing to the patient putting off a visit, not wishing it be punctured during the cold weather.

He went about in this manner for five months, the hydrocele attaining the size of a large cocoanut, his only trouble being its bulk; when, on the night of Feb. 15, a few minutes after retiring to rest, he was suddenly seized with a violent and excruciating pain about the genitals, which he described as shooting across the parts and throughout the body, lasting about five minutes, leaving him sick and faint, then followed by pain less acute for half an hour, when it gradually ceased. On looking at the seat of pain, patient was surprised to see the penis swollen to three times its natural size.

On coming to me the next morning I found him perfectly free from pain. On examination the distended hydrocele had disappeared, the tunica vaginalis containing but a very small quantity of fluid; the penis retracted half its length; the glans natural in appearance, surrounded by the prepuce, which was dark-col-

ored and swollen, the lower part including also some of the adjacent skin and subcutaneous tissue, pendulous, and about the size of a hen's egg, infiltrated with fluid, fluctuating on palpation, and with the parts around tender on pressure and œdematous, but with no obstruction to the urinary passage.

On pricking the most dependent part, thin serum oozed out and dribbled from the wounds. In a few days the parts gradually regained their usual state, and nine months afterward I failed to detect any deviation from a perfectly normal condition; the patient was quite well, and never experienced any symptom of the disease returning.

Here, it would appear, the spontaneous rupture occasioned sufficient inflammatory action to cause adhesion of the interior, and permanent obliteration of the sac.—*London Lancet.*

WATER FOR DISEASES OF THE SKIN.

Bulkley calls attention to the use and abuse of water, externally or internally, plain or mineral, in diseases of the skin. (1.) Abundant bathing serves as a great preventive, both of cutaneous diseases and of systemic disorders. Cool or tepid, every morning, followed by vigorous friction, it is a great safeguard against disease. For cleanliness add a warm bath once a week, followed by the cold douche, to quicken the circulation and diminish the danger of "taking cold." Turkish and Russian baths must not be used to excess. They are powerful stimulants, and not the panacea for all bodily ills. But, though sluggish, thick skins bear more bathing than common ones, thin and irritable skins, such as tend to itching, urticaria, or eczema, bear water less well, and subsequent friction must be avoided. (2.) Ablutions and bathings often remove nature's protective exudations, and do much harm; but for chronic eczemas and erythemas, pruritus ani or vulvæ, onychia, acne, indolent ulcers and conditions of stasis, hot applications are of much benefit. (3.) The wet pack is of value in chronic psoriasis, but is to be avoided if it tends to produce boils. (4.) Vapor and hot-air baths may be used as a means

of treating syphilis, and possibly parasitic affections. (5.) Medicated waters baths are soothing to a pruritic skin, and promote assimilation and disintegration. Carbonate of potassium, of sodium and borax, one hundred and twenty, sixty, and thirty grammes of each respectively, with two hundred and fifty to five hundred grammes of starch in a barrel of water, makes a mild alkaline bath. (6.) Certain natural mineral springs have, of course, also their advantages; when there is a definite knowledge of what is to be accomplished they may be prescribed, like any other remedy, to fulfill definite indications. What is strong for good is strong for evil, however, and patients should not be sent to springs at random merely to get rid of them.—*Ex.*

BROMIDE OF POTASSIUM AS A LOCAL ANÆSTHETIC.

In the *St. Petersburg Med. Wochenschrift*, Dr. Kijanizyn mentions the efficacy of a gargle of bromide of potash in strong solution, to obtund the sensory nerves of the pharynx and larynx, and passes to its allied application to the urino-genital organs. In painful acute and chronic urethritis, it often greatly reduces the hyperæsthesia; in pathological nocturnal emission it is very available; and in painful strictures it may be used with advantage.—*Medical and Surgical Reporter.*

SMALL CALCULI.

Small calculi may be readily removed, according to M. le Dr. Mercier, by making the patient lie upon the belly when the small calculi fall by their weight into the anterior portion of the bladder. He is then to place himself gently "as upon four feet," and urinate in that position, when the calculi which have not had the opportunity to fall back into the cul de sac behind the prostate, are passed in the act of micturition.—*Le Progres Medical*, Feb. 7, 1880.—*St. Louis Courier of Medicine.*

M E D I C A L .

ANTAGONISM OF POISONS.

A very good case illustrating the practical utility of a knowledge of the antagonism of poisons occurred lately in Ireland. A Dr. Gray, in Down County, had been in the habit of using chloral to counteract the action of strychnia in dogs. Game-preserving being very strict there, baits poisoned with strychnia were commonly laid for dogs, and in five such cases he had, by means of chloral, saved the lives of the dogs, how many died, he does not say. Being thus familiar with the antagonism of these two poisons, when he was summoned to a man who had taken strychnine suicidally, he took with him some chloral hydrate. He found that the man had been sick shortly after taking the poison, and a friend had melted a pound of butter and put it down his throat—on what toxicological or anti-toxicological grounds, does not appear. When the Dr. saw the man, which was two hours after taking the poison, he found him in bed with his head thrown back, his eyes staring, and the strychnine spasm recurring every three minutes. The spasm of the jaw did not pass off in the interval of the spasm, so he could not administer the chloral draught at once, but had to pass it by teaspoonfuls through a space where two molar teeth had gone. By this means one dram of chloral was administered, with the effect that he had only two more severe spasms, the latter much less severe than the first. As soon as the jaw became somewhat relaxed, the Dr. gave an emetic, and otherwise lost his head in a manner painful to contemplate; but I will not expose him. Anyhow the patient got another dram of chloral in a couple of hours, and made a perfect recovery.—*Correspondent American Practitioner.*

SUMMER COMPLAINT IN CHILDREN.

The season of disaster among the infants is even now upon us, and the bulk of the physician's practice during the next few weeks will be in caring for the bowel complaint of children. Doubtless the vast majority of these complaints are directly traceable to errors in diet. The physiological fact is unknown to the vast majority of mothers, and is forgotten or disregarded by very many physicians, that the infant before it has its teeth, does not secrete saliva in sufficient quantity for the digestion of starch food, and the consequence is the general prevalence at this season of infantile diarrhoea. Cow's milk next to that of the mother the most natural food for the child, very rapidly sours during this weather, unless greater precautions are taken than is generally possible, and it thus becomes a fruitful cause of trouble. What is wanted is a food which shall obviate the objection to both farinaceous or starchy preparations and milk. With such a food in the hands of mothers, disease and death among the children, at this season particularly, would be largely reduced. It remained for Liebig to prepare a formula for such a food, and many physicians can testify to its success. It is easy to understand, however, the difficulty in the way of preparing this food by the general practitioner, and it is with pleasure we note the fact that Horlic's Food for Infants, which is prepared after Liebig's formula, can now be had at most of the drug stores. We have found that little else is required in many cases of summer complaint, than to place the child on this food as its exclusive diet.—*Michigan Medical News*, July 1879.

A COLOSSAL PRESCRIPTION.

The *Union Medicale* tells this story of what the *Medical Times and Gazette* truly terms "a colossal prescription." "A practitioner who was called from Chalons to a neighboring commune, forgot his memorandum book. When he had seen his patient he called for pencil and paper in order to write a prescription. This

village, not having shared the benefits of a compulsory education, did not quickly furnish the desired implements. The doctor, tired of waiting, wrote his prescription on a barn door with some charcoal, and left. The relatives of the patient, being puzzled by the writing (which perhaps is not surprising), conceived the happy idea of unhinging the door and sending it to the apothecary. It duly arrived in a cart; the recipe was read from the pavement and duly dispensed."—*Boston Medical and Surgical Journal*.

TO GET LEECHES TO FASTEN.

Almost every physician has at times experienced the difficulty of getting these animals to bite. The following plan is commended, and will be found effectual in all cases when the leeches are healthy. Put the animals in a small glass vessel half filled with water. The part of the body which is to receive them is carefully washed with warm water, and the glass is quickly inverted upon the skin. The leeches attach themselves with surprising rapidity. When all the animals have bitten, the glass is carefully removed, the water escaping being absorbed by a sponge. If a single leech is to be applied, the same plan is adopted, using a test tube in place of a glass; by this means the animal may be compelled to bite at just the point desired.—*Ohio Med. Recorder*.

THE DEODORIZATION OF IODOFORM.

Rodsewitsch, in *Wratschebnija Wedomosti* and *St. Petersburger Med. Wochenschrift*, gives a number of formulæ by which the taste and odor of iodoform may be temporarily disguised. These all contain some of the balsams. The unpleasant eructations following its administration may be prevented by drinking milk or cream. For external use he combines it with an equal quantity of balsam of Peru, which completely covers the iodoform odor. —*Cincinnati Lancet and Clinic*.

OBSTETRICS.

THE RESULTS OF FREUND'S OPERATION FOR TOTAL EXTIRPATION OF THE CANCEROUS UTERUS.

The mortality of this operation appears to have been greater in the more recent than in the earliest cases reported. In the hands of the author, three of the first five patients recovered from the effects of the operation, and two of the second five, making a mortality of 50 per cent, in the first ten cases. In a paper read at the meeting of the International Medical Congress at Amsterdam, in September, 1879, Dr. Freund gives the results of four more operations undertaken since the end of 1878. In one patient, who was enormously fat, he found it necessary to give up the operation after having opened the abdomen. The patient recovered from the effects of the incision. Funnel-excision of the cervix was afterwards performed, but the growth recurred in two months.

The other three patients all died: the first, at Erlangen, in the Clinic of Professor Zweifel, from peritonitis, after four days. The second in the Clinic of Dr. Schroeder, did well for a week, but died after twelve days. The peritoneal borders of the wound were found covered with pus. The third, at Strasburg, in the author's own Clinic, died from shock, the operation having been undertaken when symptoms of commencing peritonitis had appeared from the carcinoma breaking through into the pouch of Douglas.

The author admits that the results of the operation cannot be expected to improve as those of ovariectomy have done, since, from its commencement, it has had the benefit of the antiseptic method. In view of the increasing mortality, he thinks that a too great liberality has been shown, both in the choice of the cases, and in the introduction of modifications of the first method of operating. He intends, however, in future to adopt the plan of permanent irrigation of the vagina after the operation.

Of the five successful cases previously reported by the author,

two have since died, one from recurrence of cancer, one from acute pleurisy. A third patient has a recurrence of growth. The author is now of opinion that the operation should be limited to cases of glandular carcinoma of the cervical canal, and that those of ordinary epithelioma or cauliflower excrescence of the cervix, or those in which the growth has reached the outer surface of the cervix, are not suitable for it.—*Obstetrical Journal of Great Britain*, Jan. 1880, from *Centralblatt für Gynakologie*, Oct. 11, 1879.—*Medical News and Abstract*.

PUERPERAL INSANITY COMPLICATED WITH OVARIAN CYST.

Dr. Noeggerath had been called, in consultation, to visit woman who, four months ago had been delivered of a child, and since labor, had been morose and shy, and would not speak without being spoken to—in short, presented the characteristic symptoms of the melancholy type of puerperal insanity, which had been diagnosticated by her attending physician. She had an ovarian cyst, of about the size of a uterus at full term, a vaginal temperature of 100° F., and a pulse of 120. It had previously been learned that the contents of the cyst were purulent. It was decided to remove the cyst at once, and the patient was removed to Mt. Sinai Hospital. The blood was examined by the House Surgeon, who found that the corpuscles were uniformly crenated. The contents of the cyst were found to be purulent and exceedingly offensive. The pedicle was ligated and dropped, great care being taken to exclude every drop of the cyst-fluid from the peritoneal cavity. Subsequent examination showed that the blood corpuscles were uniformly loaded with bacteria. As soon as the patient came out from under the influence of the chloroform, it was found that she was perfectly rational. She had a sharp attack of septic peritonitis, which yielded promptly to subcutaneous injections of quinine and carbolic acid, and a single dose of thirty grains of quinine by the rectum. The interest in the case centered in the facts that the insanity disappeared immediately after the removal of the cyst, and that the septic peritonitis yielded upon the administration of one large dose of

quinine. He thought that the infecting element that, in this case at least, produced the melancholia was the peculiar condition of the corpuscles; hence the propriety of examining the blood carefully in all cases of puerperal insanity.—*New York Med. Journal.*

DESQUAMATION OF THE EPIDERMIS OF THE FETUS.

M. Charrier presented to the Society of Practical Medicine of Paris, a report of a case of an infant which had at its birth the appearance of a dead fetus which had been macerated some time, and which was still living. The cord was reddish and greenish, and flattened. The entire epidermis of the body peeled off at the slightest friction, like that of a fetus dead six or eight days. The epidermis of the foot detached itself entire like a glove. The next day the epidermis had detached itself all over the body except in a few places on the left leg, the back, and the right arm. The infant then acquired the usual odor with a normal temperature, and since that time is flourishing. No eruptive disorder of the mother had been observed during her pregnancy. There was no trace of syphilis and the amniotic waters had the natural color.—*Gaz. Des Hopitaux.—Obstetric Gazette.*

FORCEPS OR VERSION, WHICH?

There are few practitioners but are occasionally troubled to answer the above inquiry satisfactorily and promptly. Dr. Barker (*Medical Record*, Jan. 17th, 1880,) suggests that the vital condition of the patient is an important element entering into the decision of this question. (1) In that form of contraction of the superior strait called the oblique oval of Naegle's, the forceps should not be used, but we should always resort to version. (2) In that class of cases in which the contraction is at the inferior strait, with a straight sacrum instead of the normal curvature, narrowness of the sub-pubic arch, etc., we should never resort to forceps, but always select version, if we have the opportunity, to make the election by a sufficiently early examination. (3) In face presentation we should never resort to forceps when the head is above the superior strait and not engaged.—*Obstetric Gazette.*

TREATMENT OF CAPILLARY BRONCHITIS.

In capillary bronchitis tartar emetic may be given for the first day or two, but if there is any signs of depression it should be omitted. Afterward spirit of turpentine with ammonia and ether are the most useful remedies. Ether is here very valuable, as, besides being a diffusible stimulant, it overcomes any spasm of the muscular tissue of the bronchial tubes which may exist. If the kidneys are not acting properly, spirits of juniper may be given with great advantage. Stimulants are generally required, and the diet should be nutritious and easily digested. Turpentine stupes and linseed and mustard poultices should be kept constantly applied. In those cases where the bronchial tubes become blocked up with mucus, an emetic will bring this away, and afford great relief. When the acute symptoms are passing off iodide of potassium and carbonate of ammonia internally, with fly blisters about the sternum, afford the best results.—*Dr. Harrison Younge, in Med. Times and Circular—Western Lancet.*

MAGPIE FLESH FOR THE FALLING SICKNESS.

Faith in the pulverized flesh of magpie as an infallible cure for "the falling sickness" receives the credence of the Princess Bismarck.

Letters have been addressed to the Shooting Club in order to secure a sufficient supply for her.

This seems to be on a par with an incident in a case of midwifery seen not long ago in a negro hut. The negro midwife laughed at our lack of knowledge, when we enquired why she put the bleeding maternal end of the umbilical cord in the mouth of a female infant.

She informed us it was to prevent after-pains in the event the girl should become a mother.

It is very true that the human race holds to superstitions with unabated tenacity, and it is not essentially different whether one lives in the palace of a prince, or the hovel of the negro.—*North Carolina Medical Journal.*

Editorials. Reviews, Etc.

PUBLISHER'S NOTICE.—The JOURNAL is published in monthly numbers of FORTY-EIGHT pages, at three dollars a year, to be always paid in advance.

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C. S. BRIGGS, M. D.

MEDICAL EDUCATION.

In whatever direction we turn, we may note the radical changes both in the course of study and the regulation of fees that are now being effected in the Medical Colleges throughout the United States. This is a consummation that has long been devoutly wished for, and strongly urged by every well-thinking medical man.

The seed long sown have at last germinated, and in due time the fruits thereof will be ready.

Harvard was the first to take the initiative in introducing preliminary examination and a three years graded course. One after another, the University of Michigan, University of Pennsylvania, Chicago Medical College, Bellevue Hospital Medical College and others have wheeled into line, and the ranks of the reformers are being constantly recruited. Harvard, encouraged by the success of her first venture has gone even further, and now requires a four years course.

The Medical College of Virginia has lately decided upon the requirement of an attendance upon two courses of nine months each. There is every indication that the movement towards elevating the standard of medical education conceived and undertaken with natural misgivings and distrust, has received the unqualified approval and support of the great body of the profession. The success of the measure has been far beyond the most sanguine expectations of all. The regulation of fees has always been a knotty question. As in physicians' fees, so in colleges the main difficulty always is in the want of unanimous action. Doubtless one cause of the marked deterioration of the standing of the profession has been the cheap rates at which medical diplomas have been bartered by many colleges. The uneducated and impecunious youth thinks the title and prospects of an M. D. a good investment for his small amount of lucre and he forthwith repairs to a cheap college for the desired article which is to dignify him and belittle the profession. The natural sequence is that the ranks of the profession are crowded with illy prepared and often ignorant diploma-holders—we can hardly call them doctors. The one way out of this difficulty is to raise the required standard beyond their mental attainments, the other to fix a price that will be beyond the purse of such a class. In this way the profession may again become respectable.

The examples offered by the schools of Chicago, Cincinnati and Louisville, in raising the fees, leads us to hope that the reform in this respect may become general. Certainly after these examples other medical schools, southern and western, that fail to read the signs of the times and shape their course accordingly, will deserve professional ostracism—*forfeiting all esteem and patronage.*

OBITUARY.

DR. E. P. P. POOLE.

It is with sincere regret that we have to chronicle the death of our beloved co-laborer Dr. E. P. P. Poole, which sad event occurred on May 17, at his residence in South Nashville. Dr. Poole came originally from Virginia, and graduated from the Medical Department of University of Nashville in 1865. He died after ten days illness of diffused erysipelas. The physicians of Nashville met at the Board of Health Rooms and passed appropriate resolutions. Eulogistic remarks upon the character of the deceased were made by Drs. W. T. Briggs, McFarland and others. In the practice of his chosen profession, he was an enthusiast, and as an obstetrician was equaled by but very few. Kind-hearted, patient, and genial, he will be missed at the bedside of the suffering; ready at all times to answer the call of the afflicted who turned to him in their distress; gentlemanly in every respect, he lived and died an exemplary christian physician. To his bereaved family we extend our heartfelt sympathies, for from them has been taken a model father and a kind and generous husband.

BOOK NOTICES.

HEADACHES—Their Nature, Causes, and Treatment. By WILLIAM HENRY DAY, M. D., Member of the Royal College of Physicians of London; Physician to the Samaritan Hospital for Women and Children. "The first requisite for success in life is to be a good animal." HERBERT SPENCER. Third Edition with Illustrations Philadelphia: Lindsay & Blakiston. 1880.

Of all the troubles and "ills to which human flesh is heir," none is so common and at the same time so annoying as headache. While in point of danger headache is insignificant, and hardly deserves the attention of a physician on that account, its frequency, and the difficulty of alleviating it, invest it with a strong interest. The study of this subject is therefore important, not only on account of the frequency of the condition, but even more so because of the doubt and uncertainty that prevails among physicians concerning its diagnosis, pathology and treatment.

In this valuable brochure the author's aim has been to treat of the subject in such a manner as to render it practically useful, and it can be safely said, that to a great extent he has succeeded. He treats his subject in a scientific and thoughtful manner, and adds the result of his own experience in the treatment of the malady. The arrangement is excellent.

Headaches are divided into three classes—1st, those depending on causes within the Brain, Intra-Cerebral Headaches. 2nd, those depending on causes external to the Brain—Extra-Cerebral Headaches. 3rd, Headaches of Childhood and Early Life.

A TEXT BOOK OF PHYSIOLOGY. By M. FOSTER, M.A., M. D., F.R. S., Prælector in Physiology and Fellow of Trinity College, Cambridge. From the Third and Revised English Edition, with notes and additions, By EDWARD T. REICHERT, M. D., Demonstrator of Experimental Therapeutics, University of Pennsylvania. with two hundred and fifty-nine Illustrations. Philadelphia: Henry C. Lea's Son & Co. 1880.

The American edition from the third English edition of the work will prove an important complement to our text book literature.

The character of the work is well known and it is therefore hardly necessary to refer in detail to the arrangement and plan upon which it was undertaken. The omission of chapters upon physiological anatomy, and the absence of illustrative diagrams and plates in previous editions, seriously detracted from its value as a text book for medical students. These requisites have been amply and intelligently supplied by the notes of the American editor, who has added about one hundred and forty pages to the original, including the illustrations. This edition then bids fair to become far more useful than any other. It has been brought thoroughly abreast with the most recent advances and discoveries. It is written in a lucid, clear style, and in every particular will compare favorably with other text books now in common use in our medical schools.

THE THERAPEUTICS OF GYNECOLOGY AND OBSTETRICS, comprising the Medical, Dietetic, and Hygienic Treatment of Diseases of Women, as set forth by Distinguished Contemporary Specialists. Edited by WILLIAM B. ATKINSON, A. M., M. D., author of "Hints in the Obstetric Procedure," Lecturer on Diseases of Children at the Jefferson Medical College, Physician to the Department of Obstetrics and Diseases of Women, Howard Hospital; Corresponding Member of the Gynecological Society, Boston; Fellow of the American Academy of Medicine; Honorary Member of the Medico-chirurgical Society, Bologna, Italy; etc. Philadelphia: D. G. Brinton, 115 South Seventh Street. 1880.

To such of the profession as are in the habit of drawing their

own lines of treatment exclusively from models furnished by other practitioners, this work will be useful. Edited by the well known Permanent Secretary of the American Medical Association, it is aimed to complete the series of works commenced by the late Geo. H. Napheys, M. D., of Philadelphia, whose Medical Therapeutics and Surgical Therapeutics are widely known to the profession. While we cannot commend the empirical practice encouraged by this work, it will prove valuable, if in nothing else than by furnishing a mirror of the practice of the most eminent members of the profession.

A PRACTICAL HANDBOOK OF MEDICAL CHEMISTRY, applied to Clinical Research and the Detection of Poisons. Partly based on "Bowman's Medical Chemistry." By WILLIAM H. GREENE, M. D., Demonstrator of Chemistry in the Medical Department of the University of Pennsylvania; Editor of Wurtz's Elements of Modern Chemistry; Member of the American Philosophical Society, etc., etc. Philadelphia: Henry C. Lea's Son & Co. 1880.

This work is divided into three parts. Part I. treats of "Organic Proximate Principles, taking part in the Animal Economy. Part II. of Analysis of Secretions, Excretions, etc. Part III, of Detection of Poisons. As may be seen it is partly modelled on Bowman's Medical Chemistry, a work some time since out of print.

The author has availed himself of all the recent discoveries and advances in this important branch of medicine, to bring his work fully up with the times. As a hand book for the busy practitioner who will necessarily be now and then called upon to make zoochemical analyses, this little work will prove invaluable.

SORE THROAT, its Nature, Varieties, and Treatment; including the connection between affections of the Throat and other Diseases. By PROSSER JAMES, M. D., Lecturer on Materia Medica and Therapeutics at the London Hospital; Physician to the Hospital for Diseases of the Throat and Chest; late Physician to the North London Consumption Hospital, etc. Fourth edition, illustrated with hand-colored plates. Philadelphia: Lindsay & Blakiston. 1880.

The fourth edition of this work—the first and for a long time the only English work upon the Laryngoscope has been received. It may be ranked among the standard works of the profession, and is fully entitled to the reputation it has won and maintained for twenty years as a most valuable hand book in the treatment of throat diseases. This edition is fully illustrated and furnished with beautiful hand-colored plates. Every physician should have it in his library.

POST-MORTEM EXAMINATIONS, with especial Reference to Medico-Legal Practice. By PROFESSOR RUDOLPH VIRCHOW, of the Berlin Charity Hospital. Translated from the second German edition by DR. T. P. SMITH. Philadelphia: Presley Blakiston, 1012 Walnut Street. 1880.

The name of the eminent pathologist is a sufficient guarantee for this manual. It is intended to furnish directions for the systematic conduction of post-mortem examinations, a matter in which, as a rule, the general practitioner is too careless.

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